

CHIMA Corporate Sponsorship Application

Corporation Name: _____

Chief Corporate Officer Name (First, M.I., Last, Credentials): _____

Corporate Representative Name (First, M.I., Last, Credentials): _____

Corporation mailing address: _____

City: _____ State: _____ ZIP + 4: _____

Corporation Phone Number: _____ Corporation Fax Number: _____

Corporation Web Site: _____ Corporation Representative E-Mail: _____

Type of Business: _____

Please indicate level of sponsorship you are interested in: Gold _____ Silver _____ Bronze _____
\$1000 \$600 \$300

In the name of the above Corporation we hereby apply for Corporate sponsorship in the Colorado Health Information Management Association.

Signature of the Chief Corporate Officer:

Date: _____ Title: _____

Signature of Corporate Representative: _____

Date: _____ Title: _____

Payment Method:

Check (Payable to CHIMA) Credit Card

CHIMA Tax ID # : 51-0195498

Credit Card Number: _____ Expiration Date: _____

Amount to be Charged to the Card: \$ _____

Credit Card Statement Address (including zip code): _____

Signature of Authorized Card Holder: _____

Note: Payments must be received by January 1st.

Send Payment to:

Attn: Ann Nowlin, CHIMA, 301 S Estates, Salina, KS 67401.

(For Office Use Only)

Receipt Date: _____

Effective dates of Sponsorship: _____

Paid with Check/CC #: _____