

2020 North Carolina ASHRM Sponsorship Information Sheet
We would appreciate your response by March 22, 2020

Sponsor Name: _____

Contact Person: _____

I (was) (was not) a sponsor for previous meetings.

I would like to sponsor at the following level:

- Leadership Circle** **\$3,500** and up (2 complimentary registrations)
- Diamond Plus** **\$1,500-3,499** (1 complimentary registration)
- Diamond** **\$1,250-\$1,499**
- Platinum** **\$1,000-\$1,249**
- Gold** **\$750-\$999**
- Silver** **\$550-\$749**
- Bronze** **\$350-\$549**

I am also interested in providing or sponsoring the following:

- Door Prize _____
Description of Item
- Promotional Item _____
Description of Item
- Sponsor speakers, meals or events for the Spring and/or Fall Conference

North Carolina ASHRM Tax Identification Number - 56-1285863.

Mail/fax/e-mail this form to: (e-mail, fax or scanned e-mail copy is preferred)

Nan L. Holland, BSN, MPH, RN, CPHRM
 NC ASHRM Board Member
 Director of Corporate Risk Management and Claims
 Novant Health
 336-277-8709 Office
 336- 277-9252 Fax
 nlholland@novanthealth.org

Send Sponsorship payment and Sponsorship Information Sheet to:

Rina Borg, Membership Support
 NC ASHRM
 PO Box 72248
 Durham, NC 27722-2248

To ensure your generous contribution is reflected on our Sponsorship Board, please be sure your check is received no later than March 22, 2020.