



## 2024 SHFM LOCAL EVENT SPONSORSHIP APPLICATION

Company Name: \_\_\_\_\_

Key Contact Name: \_\_\_\_\_

Title: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Website: \_\_\_\_\_

**Which Local Event?** (Indicate one city per application): \_\_\_\_\_

**Name of person utilizing complimentary registration:**

Name: \_\_\_\_\_ Email: \_\_\_\_\_

### LOCAL SPONSORSHIP – \$500

**Benefits include:**

- Shared sponsorship opportunity
- Recognition on SHFM website
- Recognition from podium where available
- Company logo on event signage where available
- 1 complimentary registration
- Post-event attendee list

### PAYMENT INFORMATION

☐ My check payable to SHFM is enclosed.

Remit Payment: SHFM | 2301 River Road, Suite 102 | Louisville, Kentucky 40206

☐ Send an invoice

Charge Card: ☐ AMEX ☐ Discover ☐ MasterCard ☐ VISA

Card #: \_\_\_\_\_ *Please call with card info* CVV \_\_\_\_\_ Expiration Date \_\_\_\_\_

Signature: \_\_\_\_\_

Signature denotes agreement to the charges indicated above.

*Refunds cannot be made after sponsorship form has been received by SHFM Headquarters. Please check all information carefully. Payment due before start of event.*

### QUESTIONS?

Contact Michelle Romero, Executive Vice President | mromero@hqtrs.com, 502.574.9036