



2025 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* (email addresses included)

*** LIST USE AGREEMENT**

1. The list will be used only for the one-time direct mail or email purpose for which it was approved.
2. The list will not be duplicated, resold or integrated into a permanent database and agrees to abide by this agreement.
3. Noncompliance of the agreement will disqualify the company from receiving future lists from SHFM.

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