



WASHINGTON HEALTH CARE RISK MANAGEMENT SOCIETY

2011 SPONSORSHIP REGISTRATION

Date:

Company/
Organization Name:

Address:

Contact Person:

Phone Number:

E-Mail:

SPONSORSHIP LEVEL:

Premier - \$1,000

Patron - \$500

Meeting - \$200

Please return this form together with a check made payable to WHCRMS:

Debbie Rue
WHCRMS Treasurer
c/o Parker, Smith & Feek, Inc
2233 112th Ave NE
Bellevue WA 98004

Questions: [djvue@psfinc.com](mailto:djrue@psfinc.com)
or
425.709.3731

**2011 CORPORATE SUPPORT FOR WASHINGTON HEALTH CARE
RISK MANAGEMENT SOCIETY
WHCRMS**

PREMIER LEVEL - \$1000

Membership Meetings

- Recognition at all membership meetings
- Acknowledgement in promotional information, notifications
- Optional distribution of sponsor's brochures and promotional material

Annual Conference

- Recognition at annual conference
- Acknowledgement in conference packets, promotional material, and registration documents
- Optional distribution of sponsor's brochures and promotional materials

Holiday and Summer Parties

- Recognition at Holiday Party and Summer Networking event

Website

- Acknowledgement on WHCRMS website
- Optional link to Sponsor's Website

PATRON LEVEL - \$500

Membership Meetings

- Recognition at all membership meetings
- Acknowledgement in promotional information, notifications, website
- Optional distribution of sponsor's brochures and promotional material

Annual Conference

- Recognition at annual conference
- Acknowledgement in conference packets, promotional material, registration documents
- Optional distribution of sponsor's brochures and promotional materials

MEETING LEVEL - \$200

Membership Meetings

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- Optional distribution of sponsor's brochures and promotional material