



2020 OKLAHOMA HFMA BUSINESS PARTNER PROGRAM

Thank you for your interest in becoming a Business Partner of the OHFMA for 2020. We are looking forward to your participation in the celebration of our Chapter's 65th anniversary year. Your sponsorship contributions through this Business Partner program enable us to accomplish our mission to provide timely and superior education to the diverse community of individuals working in the healthcare industry in Oklahoma. We greatly appreciate your willingness to support our activities as both a Business Partner and an Exhibitor at our conferences.

Returning Business Partners will find the familiar partnership levels plus a new “limited-edition” Sapphire partnership level (named in honor of our 65th Anniversary.) There are only three Sapphire-level sponsorships available since this level includes the opportunity to be identified as the primary or “Marquee” sponsor for one of our three eligible state conferences during 2020. The choice of a specific conference will be given in order of the requests.

Please review the program grid, select the partnership level that best suits your organization, and then complete the application included below.

For more information contact:

Business Partner Committee Chairperson

Carol Kinzer, ckinzer@stridebank.com
(918) 508-2002

2020 OKLAHOMA HFMA BUSINESS PARTNER PROGRAM

2020 OKLAHOMA BUSINESS PARTNER PROGRAM

Benefits of each partnership level:	SAPPHIRE PARTNER \$4,000 (only 3 available)	PLATINUM PARTNER \$2,750	GOLD PARTNER \$1,750	SILVER PARTNER \$1,250	BRONZE PARTNER \$750
Choice to be the named the "Marquee Sponsor" of either the Triple Crown Conference in January, the Annual Conference in April, or the Summer Institute in July. First come, first served in choice of conference.	✓				
Name badge and lanyard sponsorship included for the Marquee meeting.	✓				
Logo to appear on all emails to chapter membership	✓				
Logo included on the running image ribbon on the home page of the Oklahoma HFMA website	✓				
Choice to be identified as the sponsor of one networking break during an eligible state conference.	✓				
Opportunity to introduce a speaker at an eligible state conference	✓	✓			
Free Exhibitor booth(s) for eligible state conferences during 2020 (all Exhibitor booths include 1 Exhibitor registration)	3	3	2	1	
Complementary E-Coupons for conference Attendee registrations for use by Business Partners at the eligible 2020 state conferences.	6	3	2	2	
Complementary E-Coupons for conference Attendee registrations for Providers at the eligible 2020 state conferences.	8	6	4	2	
Pre-event list of registered Attendees prior to each eligible state conference	✓	✓	✓	✓	✓
Advertisement on the OHFMA web site under the Business Partner directory including corporate logo, short corporate bio, link to corporate website, and contact information.	✓	✓	✓	✓	✓
Inclusion of corporate logo in the Business Partner Slideshow presented during breaks at each eligible state conference	✓	✓	✓	✓	✓
Option to place brochures and giveaways on a Business Partner display table at all eligible state conferences	✓	✓	✓	✓	✓

Definition of "eligible state conferences": for 2020, there will be three (3). These include: Triple Crown Conference (2 one-day sessions in OKC and in Tulsa); the Annual Conference in April; and the Summer Institute in July.

Please Note: Business Partner sponsorship does not include individual membership in HFMA or the Oklahoma chapter. To receive the Member rate for conference Attendee registrations, individuals must join HFMA and be a member for 2020.

**2020 OKLAHOMA HFMA
BUSINESS PARTNER
PROGRAM**

During the year we will also offer additional sponsorship opportunities to all Business Partners, on a first come, first served basis. These will become available when the registration period opens for each conference.

These ad hoc sponsorships will include:

- ➔ Wi-Fi for the duration of the conference
- ➔ Signage on food tables for breaks and meals
- ➔ Named sponsor of the main Social Event during the conference
- ➔ Underwriter of an inspirational or other professional speaker
- ➔ Named sponsor of Lunch & Learn or Happy Hour events

Information and costs of these sponsorships will be emailed to all Business Partners as they become available in the run-up to each conference.

This year the complementary coupons for Business Partners will be E-Coupons in the form of emails that can be forwarded to either staff members of the Business Partner company or to Providers. The email will provide the instructions and the link to be used to register as an Attendee at an eligible state conference.

**2020 OKLAHOMA HFMA
BUSINESS PARTNER
PROGRAM**

Email, mail, or fax this signed application with payment information or check by January 10, 2020 to the Business Partner Committee Chairperson:

Carol Kinzer
Stride Bank, N.A.
8811 S. Yale Avenue, Suite 100
Tulsa, OK 74137

ckinzer@stridebank.com
(918) 508-2002 (office)
(918) 508-7600 (fax)

Business Partner Company Information:

Company Name: _____

Company Address: _____

Web address: _____

Choose your Partnership level:

(Annual - the year runs January 2020 to December 2020)

Sapphire \$4,000.00 _____

(If you choose the Sapphire level, please contact Carol Kinzer by phone prior to completing your form to inquire about availability and to reserve your Marquee conference choice)

Platinum: \$2,750.00 _____

Gold: \$1,750.00 _____

Silver: \$1,250.00 _____

Bronze: \$750.00 _____

Check Payment:

**Make check payable to: "OHFMA"
and mail with this application form**

Credit Card Payment:

Credit Card Information: MasterCard Visa American Express

Cardholder Name: _____

Cardholder Address: _____

Cardholder Signature: _____

Card Number: _____

Expiration Date: _____ CVV Code: _____

Please include an electronic company logo and your short company bio via email when you send this application.

Additional Required Information:

Contact Name: _____

Phone Number: _____
(Office or Mobile as desired)

Fax Number: _____

Email address: _____

2nd Contact Name: _____
(if you elect to provide one)

Phone Number: _____
(Office or Mobile as desired)

Fax Number: _____

Email address: _____

Signature of Authorized Representative:

Date: _____