

**North Dakota HIMSS Chapter
2016 Sponsor Commitment Form**

Name of Sponsor: _____

ND HIMSS Chapter offers two options for sponsorship.
One annual Elite sponsorship level; or three levels for each individual HIMSS educational event.

Spring Event	Fall Event ND HIMSS/NDHIN eHealth Summit	Upper Great Plains HIMSS Chapters Luncheon
Wednesday, April 6, 2016 Hilton Garden Inn 4351 17 th Avenue South Fargo, ND 58125	Wednesday, November 16, 2016 Radisson Hotel 605 E Broadway Ave Bismarck, ND 58501	Get together held in conjunction with National HIMSS Conference, Orlando FL, February 19-23, 2017

Event Sponsorship:
My organization would like to sponsor the following event(s).

- Spring Event
 Fall Event
 Upper Great Plains (ND, SD, and NE) HIMSS Chapters Luncheon, 2017 (\$500)

Please indicate which level of sponsorship for the Spring and/or Fall event(s):

___ Elite (\$2,500) Sponsor

Includes: sponsoring the HIMSS social with networking, two complimentary registrations, exhibit table, organization logo on program and signage, opportunity to place materials in conference registration packets for event; and logo on ND HIMSS Chapter and ND Health IT website. (1 sponsor per event)

___ Premier (\$1,500) Sponsor

Includes: two complimentary registrations, exhibit table, organization logo on program and signage, opportunity to place materials in conference registration packets for event; and logo on ND HIMSS Chapter and ND Health IT website.

___ Executive (\$700) Sponsor

Includes: one complimentary registration, exhibit table, organization logo on conference program and signage.

___ Partner (\$500) Sponsor.

Includes: one complimentary registration, exhibit table, and signage.

Please email the form to Robin @ rhirsch@nd.gov and a copy of the form and payment to Sharon German.

ND HIMSS Chapter Contacts	
If you are interested in sponsorship or have questions. Robin Hirsch Sponsorship Chair office 701-328-2508 rhirsch@nd.gov Note: If requested, we will send you an invoice. We also support the use of credit card payment for sponsorship of events.	Payment - Complete the form and mail payment to: ND HIMSS Chapter Attn: Sharon German 300 North 7 th Street Bismarck, ND 58501

Please complete page 2

Company Point of Contact:

Name: _____

Title: _____

Address: _____

City/State _____

Telephone: _____ Cell Phone: _____

Email: _____

Preferred contact method: Telephone Cell phone Email

Who will attend the event?

Information for Name Badge Number 1

Name: _____

Title: _____

Information for Name Badge Number 2

Name: _____

Title: _____

Information for Name Badge Number 3

Name: _____

Title: _____

Thank you!