



Illinois Society of Healthcare Risk Management

Affiliated with the Illinois Hospital Association and American Society for Healthcare Risk Management

“Thank You For Your Support To Improve The Business of Risk Management”

Dear Potential Sponsor:

The Illinois Society of Healthcare Risk Management (ISHRM) would like to thank you for considering the opportunity to support ISHRM through sponsorship.

ISHRM is a not-for-profit organization dedicated to providing quality educational programs to professionals involved in managing healthcare risk. Chapter Sponsorships help to ensure quality educational programs and networking opportunities that meet the needs of our membership in these financially challenging times. Over the years, we have received generous support that has enabled us to keep membership and registration fees at an affordable participant rate.

ISHRM continues to grow both in size and scope by advancing healthcare risk management through our educational programs, which share leading-edge knowledge, as well as practical and replicable ideas. Through ISHRM programs, participants are provided with the most current information on topics of utmost importance. ISHRM owes its success to the dedication and commitment of our members and to the invaluable support of our sponsors.

Attached you will find a description of *Sponsorship Opportunities* and the *ISHRM Chapter Sponsor Form*. Your interest and support are much appreciated. We value the opportunity to work with you to ensure that the Illinois Society of Healthcare Risk Management continues to be a quality organization and an asset to its members and associates.

Our sponsorship time frame runs from May of one year to May of the next which allows us to connect our sponsors to our annual meeting. We hope that you will decide to “take the risk” and sponsor ISHRM!

Sincerely,

Anne Barrett
President, ISHRM



SPONSORSHIP ENROLLMENT FORM

Illinois Society of Healthcare Risk Management Sponsorship Benefits & Opportunities



\$1,000 President's Circle Sponsorship

- Two Free Memberships and access to all programs for two designated members of your organization
 - Guaranteed “vendor” space (exhibit table) at any program where vendors are authorized by the Board
 - Speaking opportunity at a designated event, on mutually agreed topic
 - Verbal recognition at all 2011 programs
 - Unlimited use of classified/job ads
 - Home Page acknowledgement on the ISHRM Website for sponsorship year
 - Link from ISHRM Website to your Website for sponsorship year
 - Tagline recognition on all correspondence and/or emails
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\$750 Benefactors Sponsorship

- Two Free Memberships and access to all programs for two designated members of your organization
 - Verbal recognition at all 2011 programs
 - Acknowledgement on the ISHRM Website for sponsorship year
 - Tagline recognition on all correspondence and/or emails
 - Exhibit table/vendor space at annual ISHRM conference
 - Sponsor Page acknowledgement on the ISHRM Website for sponsorship year
 - Unlimited use of classified/job ads
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\$500 Friends of ISHRM

- Two Free Membership with access to all programs for two designated members of your organization for sponsorship year
 - Verbal recognition at all 2011 programs
 - Tagline recognition on all correspondence and/or emails
 - Sponsor Page acknowledgement on the ISHRM Website for sponsorship year
 - Unlimited use of classified/job ads
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Other donation amounts are accepted and will be applied to any ISHRM program and/or association need.
All other sponsors will be recognized only at the Annual meeting and conference.



SPONSORSHIP ENROLLMENT FORM

*Required Information
PROCESS TO ENROLL
• Please Fill In Interactive Form
• **PRINT** form and mail with payment to the address below

*Organization:

*Address:

*City:

*State: *Zip Code:

*Main Telephone:

*Website:

Please Email Your Organization's Logo to: lgalvan@team-iha.org
(Preferred Logo Format: jpeg, png, or gif)

FREE MEMBERSHIP SIGN-UP

Free Membership for Two Individuals from your Organization. (*One Person is Required)

*MEMBER ONE

*First Name:

*Last Name:

*Title

*Telephone:

*Email:

MEMBER TWO

First Name:

Last Name:

Title

Telephone:

Email:

SPONSORSHIP LEVEL (*Please Check One)

\$1,000 President's Circle Sponsorship

\$500 Friends of ISHRM

\$750 Benefactors Sponsorship

Other Donation:

(Please Specify)

Please Forward Completed Form and Payment to:

Lisa Galvan
ISHRM
37092 Eagle Way
Chicago, IL 60678-1270

Questions please call: 630-276-5656