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| Thank you for considering participation in the Wisconsin Chapter ACHE Sponsorship Program.  |
| If you need additional information about the Sponsorship Program, please contact the ACHE-WI Association Director, Amanda Pelischek: 920-560-5647 or amanda@badgerbay.co. |
|
| Please complete the sponsorship enrollment form below, and mail together with your check to: |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  | American College of Healthcare Executives-Wisconsin Chapter |  |  |  |  |
|  |  |  | 563 Carter Court, Suite B |  |  |  |  |
|  |  |  | Kimberly, WI 54136 |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| ***Make checks payable to ACHE - Wisconsin Chapter*** |  |  |  |  |
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| **CORPORATE SPONSORSHIP ENROLLMENT FORM** |
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|  | PREMIER $5,000 |  |  |  | PREFERRED $3,000 |  |
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| My check is enclosed in the amount of $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |
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| Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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| Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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| City, State, Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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| Company Web-Site: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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| Primary Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  | (PLEASE PRINT) |  |  |  |  |
| Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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| E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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| Secondary Contact is for the purpose of ensuring that you receive all your sponsorship benefits and should be a marketing person from your organization. |
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|  |  |  |  |  |  |  |  |  |  |
| Secondary Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  | (PLEASE PRINT) |  |  |  |  |
| Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |  |  |  |  |  |  |  |
| Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| CHAPTER WEB-PAGE DIRECTORY |
| The Board of Directors recognizes and greatly appreciates the value, expertise and support of our sponsor/business associate members.  |
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| Please complete the information requested as it will appear on the web-page and all chapter printed and electronic material. |
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| Please check the **Level** of your organization's sponsorship: |  |  |  |  |
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| Please check the **Category** of your organization's type of service: |  |  |  |
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|  |  |  | Accounting & Auditing Services |  |  |  |
|  |  |  | Architectural Services |  |  |  |  |
|  |  |  | Auditing Services |  |  |  |  |  |
|  |  |  | Benchmark Data Services |  |  |  |  |
|  |  |  | Consulting Services |  |  |  |  |  |
|  |  |  | Education/Training |  |  |  |  |  |
|  |  |  | Equipment & Materials Services |  |  |  |
|  |  |  | Facilities Design & Construction |  |  |  |
|  |  |  | Financial Services |  |  |  |  |  |
|  |  |  | Healthcare Provider/System |  |  |  |  |
|  |  |  | Insurance Products/Services |  |  |  |  |
|  |  |  | Investment Banking |  |  |  |  |  |
|  |  |  | Legal Services |  |  |  |  |  |
|  |  |  | Other Services \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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| **Company Logo**Please e-mail your company logo to amanda@badgerbay.co URL link to company logo **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Sponsor Organization Full Name:** |  |  |  |  |  |  |
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| Please use the information as it currently appears on the Chapter Web-Page Sponsorship tab: |
| Yes \_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |  |  |  |  |
| If no, please continue with this form |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| Street Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
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| Authorized Contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
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| Web Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| Please provide a summary description of the services/product offerings of your organization in fifty words or less as it will appear on the Web-Page and any applicable printed material. |
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|  |  |  | Thank you! |  |  |  |