# 2021 Conference

**One Voice, One Vision: Wisdom for Healthier Communities**

**September 26 – 28, 2021**

**Techny Towers Conference and Retreat Center, Techny, IL**

## Supporter Opportunities

<table>
<thead>
<tr>
<th>Four HMA Annual Awards</th>
<th>Event Reception &amp; Break Time</th>
<th>“Hall of Excellence” Poster Presentation</th>
<th>4 Workshops</th>
<th>Three Keynote / Two Guest Speakers</th>
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<tbody>
<tr>
<td>$500.00 each</td>
<td>$550.00 each</td>
<td>$1000.00</td>
<td>$1000.00</td>
<td>$1200.00</td>
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- **Prominent Ad Recognition Throughout Conference**
- **Recognition During Sponsored Session**
- **Recognition on Conference Signage and HMA Website with pertinent sponsor information**
- **Organization Promotion Material in Attendee Folder**
- **Recognition in HMA Newsletters**
- **Recognition in Conference Onsite Program**
- **Listed on “Sponsor About Us” HMA website**

For additional information call:

(800) 723-4291  
info@hmassoc.org

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### Additional $250 Conference Support Opportunities

**Opportunities:**
- Audio Visual and IT
- Printing
- Conference materials
- Honoring or Remembrance of HMA member

**Supporters Receive:**
- Recognition in conference program
- Prominent signage during conference break
- Name/website link on HMA website
YES, I will support the 2021 HMA Annual Conference!

Sponsorship Type: ________________________________

Company/Organization ___________________________________________

Address _______________________________________________________

City/ST/Zip ___________________________/_________/________________

Primary Phone/Email ____________________________________________

Website _______________________________________________________

☐ I agree to supply a brief description of our company/organization and logo (as applicable to the HMA Office per deadline provided). All file formats for print should have a minimum of 300 dpi (dot per inch) resolution. The images designed for the web are usually at a low screen resolution of 72 dpi and are not suitable. If you have questions about this requirement, please contact the HMA Office at info@hmassc.org.

Signature ___________________________________________ Date ______

Please send me: ☐ Conference Registration Brochure

Payment Information: (Check one)

☐ Check enclosed (Make checks payable to: Health Ministries Association)

Mail application and check to: P.O. Box 60042, Dayton, OH 45406

☐ Pay with Credit Card

Circle One: Visa     Discover     MasterCard     American Express

Name on Card _______________________________________________________

Card Number ___________________________________________ Exp. Date __/__ Sec.Code ______

♦ You may also scan your completed application and email it to info@hmassoc.org, then call (800) 723-4291 to pay with credit card over the phone or notify the office that payment by check is on its way. No sponsorships are considered final until receipt of payment.

For more information contact the HMA Office at info@hmassoc.org.

We look forward to working with you! Set up guidelines will follow upon receipt of full payment – hmassoc.org – HMA Tax ID: 42-1351520