



2021 Conference
One Voice, One Vision: Wisdom for Healthier Communities
October 2021
Virtual

Supporter Opportunities

	Four HMA Annual Awards	Registration Packets	“Hall of Excellence”	Five Sessions / Three Keynote / Two Guest Speakers	Conference Tech Support
	\$250.00 each	\$550.00 each	\$550.00	\$1000.00 each	\$2000.00
Prominent Ad Recognition Throughout Conference			✓	✓	✓ Company Name & Logo
Recognition During Sponsored Session	✓	✓	✓	✓	✓ Company Name & Logo
Recognition on Conference materials and HMA Website with pertinent sponsor information	✓	✓	✓	✓	✓
Organization Promotion Material					✓
Recognition in HMA Newsletters		✓	✓	✓	✓
Recognition in Conference Daily Program	✓	✓	✓	✓	✓ Half Page Space
Listed on “Sponsor About Us” HMA website			✓	✓	✓

Additional Conference Support Opportunities \$250 - \$500

Opportunities:

- Printing (Taize Service)
- Production of Conference materials
- Honoring or Remembrance of HMA member during conference

Supporters Receive:

- Recognition during conference
- Name and website link on HMA website

For additional information call:
(800) 723-4291
info@hmassoc.org

*2021
Health
Ministries
Association
National
Conference*

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

October 2021

**Prospectus for
Sponsorship**

Partner with the Health Ministries Association and be a part of one of the nation's premier health and wellness conferences! Don't miss this opportunity for direct marketing to nurses, clergy, chaplains, health educators, faith communities and wellness practitioners!

Sponsor Application & Commitment Form



YES, I will support the 2021 HMA Annual Conference!

Sponsorship Type: _____ **Amount:** _____

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