

## HBA Region/Chapter/Affiliate Sponsorship Agreement

### COMPANY INFORMATION

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Company Telephone: \_\_\_\_\_ Website: \_\_\_\_\_

☐ Pharmaceuticals      ☐ Life Sciences      ☐ Medical Delivery      ☐ Managed Care  
☐ Medical Device/Diagnostics      ☐ Biotechnology      ☐ Consulting      ☐ College/University  
☐ Services: \_\_\_\_\_      ☐ Other: \_\_\_\_\_

### SPONSOR PRIMARY CONTACT INFORMATION \*

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Direct Phone: \_\_\_\_\_ Direct Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

### SPONSOR BILLING CONTACT INFORMATION\*\* (If different from the primary contact)

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Direct Phone: \_\_\_\_\_ Direct Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

### REGION/CHAPTER/AFFILIATE INFORMATION

Region

<input type="checkbox"/> Pacific Region	<input type="checkbox"/> Mid-Atlantic Region	_____
<input type="checkbox"/> Southwest Region	<input type="checkbox"/> NY/NJ Region	
<input type="checkbox"/> Central Region	<input type="checkbox"/> New England Region	
<input type="checkbox"/> Midwest Region	<input type="checkbox"/> Europe Region	
<input type="checkbox"/> Southeast Region	<input type="checkbox"/> Canada Region	

Chapter/affiliate name (if applicable)

\*The **primary contact** is the Point of Contact for all HBA matters and ensures that time-sensitive communications go to the correct person(s) within your organization

\*\*The **billing contact** is the person authorized to sign and make payments on the sponsor's account

## SUMMARY OF SPONSORSHIP SELECTION

Sponsorship type (year-long or individual event sponsorship): \_\_\_\_\_

Sponsorship amount or package: \_\_\_\_\_

**For event sponsorships:**

Event name: \_\_\_\_\_

Event location: \_\_\_\_\_

Event date: \_\_\_\_\_

**For In-Kind Sponsorships to HBA,** please list planned goods/services to be donated and their fair market value:

\_\_\_\_\_  
—

**Sponsor signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*By signing this application, you certify that you have the authority to do so on behalf of your company.*

**Regional treasurer signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Terms:**

Payment is due in net 30 days upon HBA receiving the signed sponsorship agreement. All payment will be required to be received no later than 30 days prior to the start of the event. Should payments not be received prior to the event, HBA reserves the right to cancel the sponsorship, and stop all sponsorship benefits.

All sponsorships are considered final and are non-refundable. The HBA reserves the right to change/modify all sponsorships.

*Regional Treasurers: please return completed forms to [HBACHptrinvoices@hbanet.org](mailto:HBACHptrinvoices@hbanet.org) for processing*