

The Illinois Society of Healthcare Risk Management is a not-for-profit organization dedicated to providing quality educational programs to professionals involved in managing healthcare risk. We make every effort to provide quality programs while containing costs; however, the successful presentation of such programs presents financial challenges. Chapter Sponsorships help us to continue providing these educational programs and networking opportunities. Sponsorships are identified as follows:

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| Friends of ISHRM:       | \$100 - \$250    |
| Benefactors:            | \$251 - \$500    |
| President's Associates: | \$501 - \$1000   |
| President's Circle:     | \$1001 and above |
| Other:                  | \$ _____         |

We recognize how vital our sponsors are to this organization. As a way of acknowledging our sponsors and showing our appreciation, we will publish sponsor names on the ISHRM Newsletter and at the Annual Meeting. We will also include your name and organization on our new Web site, [www.ishrm.com](http://www.ishrm.com). Chapter sponsors (and a guest) are also welcome to attend the Board and Sponsors' Appreciation Dinner and the registration fee will also be waived for Sponsors who choose to attend the Annual Meeting & Program in June.

If you would like to become a Chapter Sponsor, please fill out the attached form and return to Carol Hansen at the address provided. If you have any questions about ISHRM, the Annual Meeting & Program, or any of our other activities, please contact Phillip R. Crouch, ISHRM Board President at [pcrouch@rsh.net](mailto:pcrouch@rsh.net).

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.

**CHAPTER SPONSORSHIP PROGRAM**

If you are interested in becoming a Chapter Sponsor for the Illinois Society of Healthcare Risk Management, please provide the following information:

|                                    |                  |              |
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| ___ <i>Friends of ISHRM:</i>       | \$100 - \$250    | amount:_____ |
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Sponsor Name:\_\_\_\_\_

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

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Phone Number:\_\_\_\_\_

Fax Number:\_\_\_\_\_

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Please forward this completed form with your check to:

Carol Hansen  
Illinois Society of Healthcare Risk Management  
1151 East Warrenville Road  
PO Box 3015  
Naperville, IL 60566

*Thank you very much for your support of ISHRM!*