

Sponsorship Request Form

Date of request: _____

Organization Information:

Organization Name: _____

Are you a non-profit organization? Yes No

Sponsorship Information:

Sponsorship opportunity (event, program, etc.): _____

Event date: _____ Event time: _____ # of attendees: _____

Deadline to sign up: _____ Contact person name: _____

Contact phone number: _____ Contact e-mail: _____

What other healthcare organizations are sponsoring this event? _____

Is this a first-time event or recurring? _____

Is this sponsorship related to ENT or EYE services? _____

What CEENTA office/ service line could benefit from this? _____

Potential Sponsorship Level:

Cost: _____

Benefits: _____

FOR OFFICE USE ONLY:

Event Approved	Not Approved
Marketing Match	CEENTA