



2012 Corporate Sponsorship Program Form

Gain visibility, establish vital relationships and position your products and services with healthcare professionals who impact our industry.

COPAM also offers opportunities for expanding your knowledge of the healthcare industry and expanding your networking with industry leaders through our membership and educational programming.

Flat Rate of \$500.00 – Payable through January 2012

Benefits will include:

- TWO COPAM Annual Membership for your Company
- Corporate Sponsor Signage at all meetings and notices
- Logo and Link placed on COPAM web site

Organization: _____

Address: _____

City/State/Zip: _____

Included Member: _____

Title: _____

Telephone: _____

Fax: _____

Email: _____

Second included Member:

Name: _____

Title: _____

Additional Members (\$50.00 each):

Name: _____

Title: _____

Amount Enclosed: \$ _____

Make Check Payable to: Central Ohio Patient Account Managers

Mail to: Cheryl Henney
Director, Collections and Customer Service
MCHS
6150 E. Broad St WA222
Columbus, OH 43213

