



## Submission Instructions

Please email the completed form and attachments to [christina.rowley@aspirerhs.org](mailto:christina.rowley@aspirerhs.org). All sponsorship requests will be reviewed on the third Wednesday of each month.

**All sponsorship requests must be submitted at least 6 weeks in advance of the event date.**

1. Organization name: \_\_\_\_\_
2. Primary contact name: \_\_\_\_\_
3. Email address: \_\_\_\_\_
4. Phone number: \_\_\_\_\_

### Event Details

5. Event name: \_\_\_\_\_
6. Event date(s): \_\_\_\_\_
7. Event location (city, venue, virtual, etc.): \_\_\_\_\_
8. Event description and purpose: \_\_\_\_\_

### Sponsorship Request Details

9. Type of sponsorship requested (financial, in-kind, promotional, other):  
\_\_\_\_\_
10. Requested sponsorship amount or estimated value: \_\_\_\_\_

### Sponsorship Benefits

11. What recognition or benefits will the sponsor receive? (e.g., logo placement, booth/table, social media mentions)  
\_\_\_\_\_

### Timeline & Approvals

12. Deadline for sponsorship. *\*To be considered, sponsorships must be submitted 6 weeks in advance.* \_\_\_\_\_
13. Has this sponsorship been requested from Aspire Rural Health System before?  
If yes, please provide the amount: \_\_\_\_\_