

National Association of Health and
Educational Facilities Finance Authorities
2012 SPONSORSHIP FORM



National Association of Health and Educational Facilities Finance Authorities

SPONSOR INFORMATION:		Today's Date: _____
Name of Sponsoring Firm or Organization, as it should appear in Conference Materials: _____		
Name and Title of Contact Person (need not be the same person who will attend the Conference): _____		
Mailing Address _____		
City _____	State _____	Zip Code _____
Telephone _____	Email Address _____	

This Form is for Sponsorship Only
It does not register you or another person for the Conference

Please Check One Box:

- My company would like to sponsor the **spring conference** (March 26-28 in Washington D.C.) for a Sponsorship fee of \$1,000
- My company would like to sponsor the **fall conference** (September 19-21 in Minneapolis, MN) for a Sponsorship fee of \$1,000
- My company would like to sponsor **both the spring and fall NAHEFFA Conferences** for a **discounted** Sponsorship fee of \$1,500

Sponsorship must be received by March 15, 2012

Payment: Your accounting Department may need the following information:

- NAHEFFA is a 501(c)(6) organization
- EIN: 52-1558022
- NAHEFFA cannot accept payment via Credit Card
- Please make your Sponsorship check payable to NAHEFFA

Fax or Email a copy of this form to (prior to sending payment):
Larry Nines, Executive Director
Wisconsin Health & Educational Facilities Authority
FAX: (262) 792-0649
EMAIL: info@whefa.com

Please mail this form, along with payment to:
NAHEFFA
c/o Mitchell
2211 Clermont Street
Denver, CO 80207