

**National Association of Health and Educational Facilities  
Finance Authorities (NAHEFFA)**

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**Conference September 22 – 24, 2010  
Sponsorship Form**

**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 as person who will attend the Conference):

\_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Telephone \_\_\_\_\_ FAX \_\_\_\_\_

E-Mail Address \_\_\_\_\_

**This Form is for Sponsorship ONLY.  
It does not register the Contact Person for the Conference.**

**Sponsorship must be received by September 10.**

**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 \$1000 Sponsorship Check payable to NAHEFFA.**

**Mail with this Form to:**

NAHEFFA  
c/o Mitchell  
2211 Clermont St  
Denver, CO 80207

**\*\*Before returning this Form by mail, please FAX or email a copy to:\*\***

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