2027 Annual Sponsorship Application

Alamo Chapter Case Management Society of America

Partner With Us in 2027!

ACCMSA invites your organization to become an Annual Sponsor and join us in supporting, celebrating, and connecting case management professionals throughout the San Antonio community.

Our annual sponsorship opportunities provide year-round visibility, meaningful networking opportunities, and recognition among healthcare professionals, community partners, and industry leaders.

We offer three sponsorship levels to accommodate your organization's goals and commitment.

Annual Sponsorship Opportunities

PLATINUM SPONSOR — $5,000

Limited to 5 Sponsors

Our premier sponsorship opportunity, offering maximum visibility and engagement throughout the year.

- Company logo featured in the slideshow at every ACCMSA meeting
- Top-level exhibitor sponsorship at the annual conference
- Holiday Party sponsorship
- Sponsorship of one of two annual mixers
- Company logo featured on the ACCMSA website sponsorship page
- Company logo included in ACCMSA emails
- Social media recognition throughout the year
- Sponsor recognition plaque

GOLD SPONSOR — $3,000

Limited to 5 Sponsors

An enhanced sponsorship opportunity offering consistent visibility and valuable networking benefits.

- Company logo featured in the slideshow at every ACCMSA meeting
- Base-level exhibitor sponsorship at the annual conference
- Discounted mixer sponsorship opportunity
- Company logo featured on the ACCMSA website sponsorship page
- Company logo included in ACCMSA emails
- Two dedicated social media shout-outs throughout the year
- Sponsor recognition plaque

SILVER SPONSOR — $1,500

Limited to 5 Sponsors

An opportunity to support ACCMSA while maintaining a visible presence throughout the year.

- Company logo featured in the slideshow at every ACCMSA meeting
- Discounted mixer sponsorship opportunity
- Company logo featured on the ACCMSA website sponsorship page
- One dedicated social media shout-out
- Sponsor recognition plaque

Sponsorship Availability & Eligibility

To ensure a diverse representation of healthcare organizations and community partners, ACCMSA offers a limited number of annual sponsorship opportunities.

- A maximum of **15 annual sponsors** will be accepted.
- Each sponsorship level is limited to **5 organizations**.
- A maximum of **2 organizations per healthcare discipline** will be accepted across all 15 sponsorship opportunities, regardless of sponsorship level.
- Sponsorship opportunities are subject to availability and ACCMSA approval.

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Submitting an application does not guarantee sponsorship acceptance. Applicants will be notified upon review and approval. Please submit all applications to info@accmsa.org.

Sponsorship Selection

Please select your desired annual sponsorship level:

☐ **Platinum Sponsor — $5,000**

☐ **Gold Sponsor — $3,000**

☐ **Silver Sponsor — $1,500**

Organization Information

Company/Organization Name: _____

Primary Contact Name: _____

Title/Position: _____

Email Address: _____

Phone Number: _____

Company Address: _____

City, State, ZIP: _____

Company Website: _____

Social Media Handles: _____

Primary Healthcare Discipline/Industry: _____

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Sponsorship & Payment Information

Preferred Payment Method:

☐ Check

☐ Payment Link

Billing Contact (if different): _____

Billing Email: _____

Special Instructions: _____

Sponsorship Agreement

By signing below, I acknowledge that I am authorized to submit this application on behalf of the organization listed above and agree to participate as an ACCMSA Annual Sponsor at the selected sponsorship level.

I understand that sponsorship benefits apply to the designated sponsorship year and are subject to ACCMSA's event calendar and sponsorship arrangements. I understand that sponsorships are nonrefundable once processed.

I acknowledge that annual sponsorship opportunities are limited to five organizations per level and two organizations per healthcare discipline across all sponsorship levels. All applications are subject to ACCMSA approval. Please submit this application to info@accmsa.org

Authorized Representative: _____

Signature: _____

Date: _____

Thank You for Supporting ACCMSA!

Your partnership helps ACCMSA continue providing education, professional connections, recognition, and opportunities for the case management community.

We look forward to partnering with you for an incredible year!