ALAMO CHAPTER Case Management Society of America

ACCMSA Holiday Party Sponsorship Application

Thank you for your interest in sponsoring the ACCMSA Annual Holiday Party! Our Holiday Party is a festive evening that brings together case managers and healthcare professionals to celebrate the season, strengthen relationships, and recognize another successful year of serving our community.

The ACCMSA Holiday Party is held annually on the **second Wednesday of December**. The event venue will be announced closer to the event and shared with confirmed sponsors approximately 4–8 weeks in advance.

Current **ACCMSA members receive priority consideration** as a benefit of membership. Remaining sponsorship opportunities are awarded on a **first come, first served basis**. To provide attendees with a variety of resources, **only one sponsor per discipline** will be accepted.

Sponsor Information

Company Name: _____

Primary Contact: _____

Title: _____

Company Address: _____

Phone: _____

Email: _____

Website: _____

Sponsorship Discipline
(Home Health, Hospice, Senior Living, Home Care, DME, Pharmacy, Therapy, etc.)

Brief Company Description (50–75 words)

_____

_____

Sponsorship Fee

Sponsorship Fee: $700

Your sponsorship includes:

- Exclusive sponsorship within your discipline
- Vendor table at the Holiday Party
- Up to **two company representatives**
- Opportunity to introduce your organization with a **2–3 minute presentation**
- Recognition during the event
- Recognition on ACCMSA social media prior to the event
- Networking with approximately **30–40 case managers and healthcare professionals**

Sponsor Expectations

To help ensure a successful event, sponsors agree to:

- Provide **one door prize with a minimum value of $50**.
- Staff their vendor table throughout the event.
- Bring their own table covering and marketing materials.
- Promote the Holiday Party by sharing ACCMSA event announcements through their professional network whenever possible.
- Encourage referral partners and healthcare professionals to attend.

ACCMSA believes sponsorship is more than simply having a table at an event. We encourage our sponsors to use this opportunity as a marketing tool by promoting the event, inviting their professional network, and engaging with attendees throughout the evening to maximize the value of their sponsorship.

Special Requests or Accommodations

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_____

_____

Sponsorship Policies

- The ACCMSA Holiday Party is held annually on the **second Wednesday of December**.
- Venue information and event logistics will be provided approximately **4–8 weeks** prior to the event.
- Sponsorships are awarded on a **first come, first served basis**, with **ACCMSA members receiving priority consideration**.
- Only **one sponsor per discipline** will be accepted.
- Sponsorships are confirmed only after approval by ACCMSA and receipt of payment.
- Payment of the **$700 sponsorship fee** is due within **14 days** of sponsorship approval unless otherwise arranged.
- Sponsors are responsible for providing their own table covering, marketing materials, and required door prize.
- ACCMSA reserves the right to decline sponsorship applications that conflict with chapter policies or existing sponsor exclusivity.

Agreement

By signing below, I acknowledge that I have read and understand the ACCMSA Holiday Party Sponsorship Application and agree to the sponsorship expectations and policies outlined above.

Company Representative: _____

Signature: _____

Date: _____

Submission Instructions

Please email your completed sponsorship application to:

info@accmsa.org

Applications will be reviewed in the order they are received. Sponsorship confirmation will be sent upon approval.

Payment of the $700 sponsorship fee is due within 14 days of sponsorship approval. Payment instructions will be included with your sponsorship confirmation.

Thank you for supporting the ACCMSA Alamo Chapter and helping us celebrate another successful year of serving our members and the healthcare community.