

ACCMSA Networking Mixer Sponsorship Application

Thank you for your interest in sponsoring an ACCMSA Networking Mixer! Our mixers provide an opportunity for case managers and healthcare professionals to build meaningful relationships with trusted community partners in a relaxed networking environment.

ACCMSA hosts two networking mixers each year on the **second Wednesday of June** and the **second Wednesday of October**. The event venue is selected closer to each mixer and will be shared with confirmed sponsors approximately 4–8 weeks before the event.

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 for each mixer.

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)

Preferred Mixer

Please indicate your preferred sponsorship opportunity.

- ☐ June Mixer (Second Wednesday in June)
- ☐ October Mixer (Second Wednesday in October)
- ☐ Either Mixer

Sponsorship Fee

Sponsorship Fee: \$500

Your sponsorship includes:

- Exclusive sponsorship within your discipline
- Vendor table at the networking mixer
- 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 mixer
- Networking with approximately **30–40 case managers and healthcare professionals**
- Opportunity to build new referral relationships within the healthcare community

Sponsor Expectations

To help ensure a successful event for everyone, sponsors agree to:

- Provide **one door prize with a minimum value of \$50** for the event.
- Staff their vendor table throughout the networking mixer.
- Bring their own table covering and marketing materials for their exhibit table.
- Promote the mixer through their professional network by sharing ACCMSA event announcements via email and/or social media whenever possible.
- Encourage referral partners and healthcare professionals to attend the mixer.

ACCMSA believes sponsorship is more than simply having a table at an event. The sponsors who receive the greatest value are those who actively engage before, during, and after the mixer. We encourage our sponsors to use this opportunity as a marketing tool by promoting the event, inviting their professional network, and helping create a successful experience for everyone involved.

Special Requests or Accommodations

Sponsorship Policies

- ACCMSA hosts networking mixers on the **second Wednesday of June and October** each year.
- 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 for each mixer.
- Sponsorships are confirmed only after approval by ACCMSA and receipt of payment.
- Payment of the **\$500 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 Networking Mixer 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 \$500 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 create valuable networking opportunities for case managers and healthcare professionals throughout our community.