UConn Health Sponsorship Request Form

Sponsoring Department Information

Your name:

Your title:

Department:

Telephone number:

Email address:

Sponsorship Opportunity or Event

Name of organization requesting sponsorship:

Name of sponsorship opportunity or event:

Event date(s):

Has UConn Health sponsored this event or organization in the last 3 years?

☐ Yes, please indicate when: ☐ No

Event location:

Briefly describe the sponsorship opportunity or event and indicate two selection criteria (refer to policy). Please also include the business purpose of attending the event if not clearly listed in the supporting documentation.

Account number:

Index	Fund	Orgn	Prog	Actv	%

Amount of funding requested:

Amount of funding approved:

☐ Budgeted ☐ Unbudgeted

Sponsorship response deadline date:

Name of UConn Health individual(s) responsible for organizing event:

Telephone number:

Email address:

What resources are required with this sponsorship?

☐ Ad Due Date:

☐ Staff Attendance

☐ Logo

☐ Table(s) #

☐ Other:
(Giveaways, brochures, etc.)

☐ Banner

☐ Chair(s) #

UCONN HEALTH

263 FARMINGTON AVENUE, FARMINGTON, CT
uchc.edu

UConn Health Sponsorship Request Form

List the names of the individuals who will be attending the event, i.e. UConn Health employee, immediate family member, or other guests:

	☐ Employee	☐ Family member	☐ Other	☐ Honoree
	☐ Employee	☐ Family member	☐ Other	☐ Honoree
	☐ Employee	☐ Family member	☐ Other	☐ Honoree
	☐ Employee	☐ Family member	☐ Other	☐ Honoree
	☐ Employee	☐ Family member	☐ Other	☐ Honoree

If necessary, please attach a separate sheet with additional names.

Submit Your Request

All requests for sponsorship must be submitted with the following:

- A completed Sponsorship Request Form.
- All documentation about the sponsorship opportunity or event, sponsorship levels, and benefits to UConn Health.
- Requests for first-time sponsorships must be received at least four months in advance of the deadline for making a decision.
- Requests for sponsorships funded in the past must be received at least two months in advance of the deadline for making a decision.
- Please email all sponsorship requests to **events@uchc.edu**.
- All approved sponsorships will require a purchase order. Attach the approved sponsorship form to your requisition. Organizations requesting a first-time sponsorship will need to complete a “new supplier” application.

Due to the number of requests and limited availability of funds, a request may be denied even if it meets the selection criteria. For further information, please contact Christine Kaminski, 860.679.4352.

SUBMIT REQUEST

Business Unit Senior Leader Date

Sponsorship request is: ☐ Approved ☐ Denied

Reason for Denial:

☐ Does not meet sponsorship selection criteria

☐ Lack of funding ☐ Other

Andrew Agwunobi, M.D., Executive Vice President for Health Affairs, Interim Date

Bruce T. Liang, M.D., Dean , School of Medicine

R. Lamont MacNeil, D.D.S., Dean, School of Dental Medicine

SPONSORSHIPFORM\Oct.2015

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