



Sponsorship Registration Form

Company Name: _____

Company Address: _____

City/State/Zip: _____

Phone: _____ Fax: _____

Email address: _____

Description of Service/Product:

Sponsorship Selection

- | | | | | | |
|--------------------------|-----------------------------|-------|--------------------------|-------------------------------|-------|
| <input type="checkbox"/> | Membership Meeting | \$100 | <input type="checkbox"/> | Annual Seminar: Speaker | \$150 |
| <input type="checkbox"/> | HRMN Gives Back Program | \$50 | <input type="checkbox"/> | Annual Seminar: Meal | \$150 |
| <input type="checkbox"/> | Email/Website Ad | \$75 | <input type="checkbox"/> | Annual Seminar: Exhibitor | \$100 |
| <input type="checkbox"/> | Job Posting on HRMN Website | \$125 | <input type="checkbox"/> | Annual Seminar: Snacks/Drinks | \$75 |
| <input type="checkbox"/> | SHRM Foundation Raffle | \$100 | <input type="checkbox"/> | Annual Seminar: Table Display | \$30 |

Thank you for choosing to sponsor our group! Your support enables us to increase our value to our membership as well as the business community at large.

Check payment should be made out to "HRMN" and mailed along with this completed form. If you wish to pay by our online option, please go to our website at: <https://hrmn-shrm.org/sponsorship-opportunities>. Your registration form should still be sent to the below email.

Please contact our Secretary, Sara Wildin, regarding your sponsorship wishes at (785) 323-4248 or via email at sara.wildin@cfnb.bank.



HRMN
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