



Physician Practice Sponsorship	Platinum	\$1,000
<ul style="list-style-type: none"> • One Free Registration to a CMGMA Program • Your Practice name listed on the CMGMA Mobile App • Your company name on the CMGMA PowerPoint presentation, which is prominently displayed at all CMGMA programs • Link from CMGMA website to your practice website • Hole sponsor at Annual Golf Outing 		

Physician Practice Sponsorship	Gold	\$ 500
<ul style="list-style-type: none"> • Your Practice name listed on the CMGMA Mobile App • Your company name on the CMGMA PowerPoint presentation, which is prominently displayed at all CMGMA programs • Link from CMGMA website to your practice website 		

Please sign up my Practice as a CMGMA sponsor:

- Physician Practice Platinum \$1,000
- Physician Practice Gold \$ 500

Sponsoring Practice: _____

Contact: _____

Telephone Number: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Website to be listed on the CMGMA website: _____

Form of Payment: Check Enclosed Check # _____ Amount \$ _____

Credit Card Number: _____ Expiration Date: _____

Signature _____

Connecticut Medical Group Management Association (CMGMA)

Mail completed form and payment to CMGMA, P.O. Box 30, Bloomfield, CT 06002-0030.

Phone: 860-243-3977 Email: info@cmgma.org * www.cmgma.org