

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) #

