

### Sponsorship Opportunity

Name of Opportunity/Event	
Event Date	
Event Location	
Deadline to Commit as Sponsor	
Organization Name	
Contact Name	
Contact Phone Number	
Contact Email	

Briefly describe the sponsorship opportunity/event and explain the business purpose for participating:

Please identify two applicable criteria, per UConn Health's [sponsorship policy](#).

<input type="checkbox"/> Strategic Alignment	<input type="checkbox"/> Marketing	<input type="checkbox"/> Community Relations
<input type="checkbox"/> Advancement	<input type="checkbox"/> Collaborative Relationships	<input type="checkbox"/> Individual Recognition



## Department Information

UConn Health Department	
Contact Name	
Contact Phone Number	
Contact Email	
Name of Person Organizing Event (if different than above)	
Organizer's Phone Number	
Organizer's Email	

## Funding Details

Fund	
Organization	
Program	
Activity	
%	

Amount of Funding Requested	Amount of Funding Approved

## Signatures

Business Unit Senior Leader Name (please print)	Signature	Date
Dean, School of Medicine or Dental Medicine (if applicable, please print)	Signature	Date
Chief Executive Officer, UConn Health (required, please print)	Signature	Date