

Sponsorship Request Form

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 o	pportunity/event and explain the business purpose for participating:

	Please identify two applicable criteria, per UConn Health's <u>sponsorship policy</u> .		
□ Strategic Alignment		□ Marketing	□ Community Relations
□ Advancement		□ Collaborative Relationships	□ Individual Recognition

Is advertising or other marketing materials needed to fulfill this sponsorship? Please check all that apply and indicate the deadlines.			
□ Advertisement	Deadline:	Details:	
□ Logo	Deadline:	Details:	
□ Pamphlets/Literature	Deadline:	Details:	
□ Giveaways	Deadline:	Details:	
□ Table Cover	Deadline:	Details:	
□ Pop-Up Tent	Deadline:	Details:	
Names of the individuals a immediate family member	ttending the event and relation honoree, etc.)	onship (e.g., UConn Health employee,	

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