

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

Is advertising or other marketing materials needed to fulfill this sponsorship? Please check all that apply and indicate the deadlines.

<input type="checkbox"/> Advertisement	Deadline:	Details:
<input type="checkbox"/> Logo	Deadline:	Details:
<input type="checkbox"/> Pamphlets/Literature	Deadline:	Details:
<input type="checkbox"/> Giveaways	Deadline:	Details:
<input type="checkbox"/> Table Cover	Deadline:	Details:
<input type="checkbox"/> Pop-Up Tent	Deadline:	Details:

Names of the individuals attending the event and relationship (e.g., UConn Health employee, immediate family member, honoree, etc.)

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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