



*Award for Excellence in Human Research Protection*

**Sponsorship Form**

Name: \_\_\_\_\_

Title \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

***Please check all that apply.***

Our organization is willing to consider sponsoring:

- An Award
  - Best Practice
  - Innovation
  - Life-time Achievement
- An Award event (*please describe type of event below*)
- Award program
  - This year
  - Multiple years
- Other Award activity (*please describe below*)

Our organization will be able to help promote the Award program:

- Create link on our website to Health Improvement Institute's website
- Include information about Award program in our newsletters or communications to members
- Distribute flyer to meeting/conference participants (*please indicate meeting title and date*)  
Meeting title: \_\_\_\_\_  
Date: \_\_\_\_\_
- In other ways (*specify below*).

*Requests/Remarks:*