



Aetna Better Health® of New Jersey

Sponsorship Request From

1. Please enter your contact information

*Legal company name _____

*Last name _____

*First name _____

Job title _____

*Address

 Address 1 _____

 Address 2 _____

*City _____

*State _____

*5 digit ZIP code _____

*Phone number _____

*Email address _____

2. Please describe the event or program that the sponsorship will support.

*Event title _____

*Event date _____

*Event time _____

*Event location _____

*What County will the event take place in? _____

*Contact name for event (name, title, phone) _____

*Event goal _____

*Estimated number of event attendees? _____

*Who are the attendees? _____

*Which category does this fall under?

- Health sponsorship
- Education & Learning Sponsorship
- Charity and Community Sponsorship

*Financial commitment requested _____

*How will you promote Aetna Better Health of New Jersey? _____

*What makes Aetna Better Health of New Jersey a great sponsor or partner?
