

## SPONSORSHIP LEVELS

### Premier Sponsor \$5,000

- Half-page ad in the Wisconsin Women's Health Policy Summit program
- Company/Organization logo and link on the Wisconsin Women's Health Policy Summit website
- Verbal recognition at event
- One prominently placed exhibit booth
- Up to 4 complimentary registrations to the Wisconsin Women's Health Policy Summit

### Lead Sponsor \$2,000

- Quarter-page ad in the Wisconsin Women's Health Policy Summit program
- Company/Organization logo and link on the Wisconsin Women's Health Policy Summit website
- Thank you recognition at event
- One exhibit booth
- Up to 3 complimentary registrations to the Wisconsin Women's Health Policy Summit

### Summit Sponsor \$500

- Company/Organization logo in the Wisconsin Women's Health Policy Summit program
- Company/Organization logo and link on the Wisconsin Women's Health Policy Summit website
- One exhibit booth
- Up to 2 complimentary registrations to the Wisconsin Women's Health Policy Summit

### Organizational Sponsor \$100

- Company/Organization name listed in the Wisconsin Women's Health Policy Summit program
- Company/Organization name listed on the Wisconsin Women's Health Policy Summit website
- One exhibit booth
- 1 complimentary registration to the Wisconsin Women's Health Policy Summit

### Individual Sponsor \$75

- Individual name listed in the Wisconsin Women's Health Policy Summit program
- Individual name listed on the Wisconsin Women's Health Policy Summit website
- 1 complimentary registration to the Wisconsin Women's Health Policy Summit



Tuesday, May 15, 2012  
Monona Terrace  
Madison, Wisconsin

# SPONSORSHIP APPLICATION

Please fill-in the information below & return along with your payment to: WAWH PO Box 1726 Madison, WI 53701. All sponsor forms are due by **February 17, 2012**. If you have any questions, please contact our offices by phone (608-251-0139) or e-mail ([sara.finger@wiawh.org](mailto:sara.finger@wiawh.org)).

Organization: \_\_\_\_\_  
(exactly as you'd like it listed on all acknowledgements)

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

Contact Title: \_\_\_\_\_ Phone: \_\_\_\_\_

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

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

Website: \_\_\_\_\_

Brief Description of Company/Organization: (3-5 sentences)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Sponsorship Level Selected:

- Premier \$5,000\*    Lead \$2,000\*    Summit \$500    Organizational \$100    Individual \$75

Payment Information:       Check: payable to Wisconsin Alliance for Women's Health\*\*  
PO Box 1726 Madison, WI 53711

\*For Summit, Lead and Premier level sponsors, please email your logo as both .jpg and .eps.files to [sara.finger@wiawh.org](mailto:sara.finger@wiawh.org) by **February 17, 2012** to guarantee your organization in our printed program.

Names and Email Addresses of organizational/agency representative attending Summit:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Sponsors are a vital part of the success of the Wisconsin Women's Health Policy Summit. If you have any questions or have a unique idea that would make this Summit more interesting, please give us a call. We welcome your ideas and look forward to working with you!