



Community
Health Worker
Conference

November 22, 2017

The Washington State Department of Health is excited to host the fourth annual **Community Health Worker Conference on April 12-13th, 2018 in Lynnwood, Washington.**

We invite organizations to be recognized as a sponsor of the 2018 Community Health Worker Conference, and/or to take part as an exhibitor. We are excited to share that we expect the 2018 conference to attract up to 450 community health workers and public health partners from across the state.

If your organization would like to participate as a sponsor and/or exhibitor, review the options below, and complete the form. Please return completed forms to the below email address, or post mail address, by **March 1, 2018.**

Email: chwconference@doh.wa.gov

Mail: Washington State Department of Health
ATTN: Marissa Floyd
PO Box 47848
Olympia, WA 98504

Thank you for your continued partnership and encouragement. Because of organizations like yours Washington State continues to be a leader in public health efforts.

Sincerely,

A handwritten signature in cursive script that reads "Pama Joyner". The signature is written in black ink on a white background.

Pama Joyner
Director of Office of Healthy and Safe Communities
Washington State Department of Health

WHY BE A SPONSOR OR EXHIBITOR

Washington State Department of Health’s annual Community Health Worker Conference is the most widely attended conference by community health workers and organizations supporting their work. Since the first conference in 2015, attendance has grown from under 100 to over 350. In 2018, we expect 450 attendees and 40 exhibitors to join us for two full days of learning, networking, and resource sharing to promote best public health practices amongst Washington’s hardest to reach communities.

EXHIBITOR PACKAGE

40 exhibitor opportunities are available for \$250 each. This package includes: a six foot table, registration, breakfast, and lunch for one person. Exhibitors may have up to two people attend, however the second person will need to register and pay the \$25 registration fee separately.

Exhibitor Raffle: Each attendee will be given a raffle ticket with their materials at registration. Exhibitors may choose to contribute up to three raffle items. Drawings will take place during networking breaks.

PREMIUM SPONSORSHIP PACKAGES

Benefit Description	Platinum \$2500	Gold \$1500	Silver \$500
Verbal recognition during welcome remarks	X		
Organization name on venue’s outdoor reader board <i>(limited to first 5 sponsors)</i>	X		
Opportunity to present a non-promotional educational session from your organization <i>(limited to first 3 sponsors)</i>	X	X	
Complimentary registration, including breakfast and lunch	3	2	1
Logo* on rotating PowerPoint slide in plenary session room	X	X	X
Logo* on printed program	X	X	X
Logo* and link on conference webpage	X	X	X
Exhibitor table	X	X	
Premium exhibitor table location	X		

*Please email organization logo to chwconference@doh.wa.gov with your application.

À LA CARTE SPONSORSHIP OPPORTUNITIES

Description	Amount	# Avail
Breakfast & lunch for both days	\$2200	5
Interpretation Services	\$1000	5
Videography	\$800	5
Scholarship for one community health worker – <i>Includes travel, lodging, meals, and registration for a CHW who would otherwise be unable to attend.</i>	\$600	Unlimited
Exhibitor reception – <i>After the conference on day 1, at the Lynnwood Convention Center. Light refreshments included.</i>	\$500	8
Printing	\$500	5
Networking breaks for both days	\$400	5

SPONSOR AND EXHIBITOR FORM

Organization Name (exactly as it is to be printed in acknowledgements)	
Contact Name	
Contact Email	
Contact Phone	
Mailing Address	
Mailing City, State, Zip	

EXHIBITORS

- Exhibitor \$250
 Exhibitor (included in Platinum or Gold Sponsorship Package)

Raffle Item(s) – limit 3 per exhibitor	Estimated Value

SUBTOTAL: _____

A LA CARTE SPONSORSHIP CHOICE(S)

- | | | | |
|---|--------|--|-------|
| <input type="checkbox"/> Breakfast & Lunch | \$2200 | <input type="checkbox"/> Printing | \$500 |
| <input type="checkbox"/> Interpreter | \$1000 | <input type="checkbox"/> Reception | \$500 |
| <input type="checkbox"/> Videography | \$800 | <input type="checkbox"/> Networking Breaks | \$400 |
| <input type="checkbox"/> Attendee Scholarship | \$600 | | |

SUBTOTAL: _____

PREMIUM SPONSORSHIP CHOICE

*Please email organization logo to chwconference@doh.wa.gov with your application.

- | | | | |
|-----------------------------------|--------|---------------------------------|-------|
| <input type="checkbox"/> Platinum | \$2500 | <input type="checkbox"/> Silver | \$500 |
| <input type="checkbox"/> Gold | \$1500 | | |

SUBTOTAL: _____

TOTAL SPONSORSHIP CONTRIBUTION: _____

FORM PROCESSING & PAYMENT INFORMATION

Forms may be emailed to chwconference@doh.wa.gov or post mailed to: Washington State Department of Health, ATTN: Marissa Floyd, PO Box 47848, Olympia, WA 98504. All forms must be received by **close of business March 1, 2018**.

Once your form has been processed, you will receive an email from the Washington State Department of Health for further instruction. All sponsor contributions and exhibitor payments must be received by April 1, 2018. Thank you for your support!

CONTACT

Email: chwconference@doh.wa.gov

Phone: 360-236-3677

Mailing address: Washington State Department of Health

Attn: Marissa Floyd

PO Box 47848

Olympia, WA 98504

For persons with disabilities, this document is available on request in other formats. To submit a request, please call 1-800-525-0127 (TDD/TTY 711).

