

WHY BE A SPONSOR OR EXHIBITOR?

- This conference is the most widely attended conference by Community Health Workers and supportive organizations in the state!
- In 2019, we expect up to 500 attendees and over 50 exhibitors to join us for two full days of learning, networking, training, and resource sharing to promote public health best practices.
- This conference is a unique opportunity for organizations to connect with Community Health Workers who are key to reaching underserved communities across the state.

SPONSOR AND EXHIBITOR CONTACT INFORMATION

Organization Name	
Contact Name	
Contact Email	
Contact Phone	
Mailing Address	
Mailing City, State, Zip	
Attendee Name #1 <i>All sponsors and exhibitors</i>	
Attendee Name #2 <i>Platinum and Gold sponsors only</i>	
Attendee Name #3 <i>Platinum sponsors only</i>	

PREMIUM SPONSORSHIP PACKAGES

- \$2500 Platinum Sponsorship Package**
- ✓ Three (3) complimentary registrations, including meals
 - ✓ Verbal recognition during welcome remarks
 - ✓ Logo on rotating slide deck in plenary session room
 - ✓ Logo on conference webpage
 - ✓ Logo on printed program
 - ✓ Logo on venue TV screens
 - ✓ Premium exhibitor table location
- \$1500 Gold Sponsorship Package**
- ✓ Two (2) complimentary registrations, including meals
 - ✓ Logo on rotating slide deck in plenary session room
 - ✓ Logo on conference webpage
 - ✓ Logo on printed program
 - ✓ Exhibitor table
- \$500 Silver Sponsorship Package**
- ✓ One (1) complimentary registration, including meals
 - ✓ Logo on rotating slide deck in plenary session room
 - ✓ Logo on printed program
 - ✓ Logo on conference webpage

PREMIUM SPONSORSHIP PACKAGE SUBTOTAL: _____

Á LA CARTE SPONSORSHIP OPPORTUNITIES

Á la carte sponsorship opportunities can be selected in addition to, or instead of a premium sponsorship package. These opportunities are for organizations who want to contribute to a specific conference offering. If your á la carte selection(s) add up to the same price as a premium sponsorship package, you will receive the benefits of that package. Select an opportunity by checking the box next to it.

\$3000 Breakfast, lunch, and snacks for both days

10 available, includes logo on "sponsored by" sign in meal areas.

\$2000 Attendee Notepads & Pens

1 available, includes logo on notepads. All attendees will receive a notepad and pen at registration.

\$700 Interpretation Services

8 available, includes logo on "sponsored by" sign at interpretation services table.

\$650 Scholarship for one community health worker

Unlimited available, includes special recognition in conference program. \$650 covers travel, lodging, meals, and registration for one CHW who would otherwise be unable to attend.

Á LA CARTE SPONSORSHIP PACKAGE SUBTOTAL: _____

EXHIBITOR PACKAGE

56 exhibitor opportunities are available for \$300 each. This package includes: a six foot table with table linen, registration, breakfast, and lunch for one person. Additional attendees will need to register and pay for registration separately (\$25.00). Select an option by checking the box next to it.

Trivia Prizes: We will ask trivia questions in the plenary session room during morning, lunch, and closing statements. Exhibitors may contribute up to two items to give away to trivia winners.

**DOH Exhibitors must pay registration fee for each attendee at www.CHWConferenceWA.org.*

\$300 Exhibitor Package

**Exhibitor Table for
Platinum & Gold Sponsors**

**Exhibitor Table for
DOH Programs***

Trivia Prize Item(s) – limit 2 per exhibitor	Estimated Value

EXHIBITOR PACKAGE SUBTOTAL: _____

TOTAL SPONSORSHIP/EXHIBITOR 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, 2019**.

Once your form has been processed, you will receive an email from the Washington State Department of Health for further payment instruction. All sponsor contributions and exhibitor payments must be received by **April 1, 2019**. Thank you for your support!

CONTACT US

360-236-3810

chwconference@doh.wa.gov

Washington State Department of Health, Attn: Marissa Floyd;

PO Box 47848, Olympia, WA 98504

www.CHWConferenceWA.org

FOR OFFICE USE ONLY

Organization:	Total Sponsorship Amount:	
	Logo Received	
	Confirmation Email Sent	
	Invoice Sent	
	Payment Received	
	Main Contact(s) Manually Registered	
Sponsorship Level Benefits:		
Notes:		