



2019 WALA Fall Conference at the Ingleside Hotel, September 17-18, 2019

Contact Person _____
 Company _____
 Title _____
 Address _____
 City, State, Zip _____
 E-mail _____ Phone _____

All sponsoring companies will receive recognition on conference signage and PowerPoint slides displayed at the keynotes as well as in the Events App. Don't find what you are looking for? Contact the WALA office to design your very own sponsorship!

Sponsorship Opportunities

- | | |
|---|---|
| <input type="checkbox"/> Event Sponsor - \$2,000
<input type="checkbox"/> Print Sponsor - \$2,000
<input type="checkbox"/> Evening Reception Sponsor - \$1,500
<input checked="" type="checkbox"/> Lunch Sponsor - \$1,500
<input type="checkbox"/> Educational Pre-Event Sponsor - \$1,000
<input type="checkbox"/> Breakfast Sponsor - \$1,000
<input checked="" type="checkbox"/> Events App Sponsor - \$750
<input checked="" type="checkbox"/> Lanyard Sponsor - \$500 + cost | <input type="checkbox"/> Company Hallway Banner (2 available) - \$500
<input type="checkbox"/> Attendee Email Confirmation Sponsor - \$350
<input checked="" type="checkbox"/> Morning Break Sponsor - \$350
<input type="checkbox"/> Tote Bag Insert Sponsor (3 available) - \$350 + cost
<input checked="" type="checkbox"/> Special Exhibitor Session - \$250
<input checked="" type="checkbox"/> CEO Session Sponsor - \$250
<input type="checkbox"/> Breakout Session Sponsor - \$200
<input type="checkbox"/> PowerPoint Advertisement Sponsor (2 available) - \$200 |
|---|---|

Final Sponsorship Level

Total Sponsorship Amount.....\$ _____
 Tuesday, September 17th Evening Reception..... Attendees X \$25.00 = \$ _____
TOTAL = \$ _____

Method of Payment

Check MasterCard Discover American Express Visa

Card Number _____ Expiration date _____
 Cardholder's Name _____ CVV _____
 Cardholder's Signature _____

By filling out the credit card information, you give WALA permission to run your credit card for the amount specified on this form.

Fax or Mail Registration and Payment to:

WALA – Wisconsin Assisted Living Association, P.O. Box 7730, Madison, WI 53707-7730 Fax: (608) 288-0734

For Office Use Only

Date Registration Received _____ Date Payment Received _____
 Name on Check/Card _____
 Type of Payment/Check # _____ Amount Received _____ Date Entered QB _____ Date Entered YM _____