



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

Contact Person \_\_\_\_\_  
 Company \_\_\_\_\_  
 Title \_\_\_\_\_  
 Address \_\_\_\_\_  
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 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

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|--|--|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> Event Sponsor - \$2,000</li> <li><input type="checkbox"/> Print Sponsor - \$2,000</li> <li><input type="checkbox"/> Evening Reception Sponsor - \$1,500</li> <li><input type="checkbox"/> Lunch Sponsor - \$1,500</li> <li><input type="checkbox"/> Educational Pre-Event Sponsor - \$1,000</li> <li><input type="checkbox"/> Breakfast Sponsor - \$1,000</li> <li><input type="checkbox"/> Events App Sponsor - \$750</li> <li><input type="checkbox"/> Lanyard Sponsor - \$500 + cost</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Company Hallway Banner (2 available) - \$500</li> <li><input type="checkbox"/> Attendee Email Confirmation Sponsor - \$350</li> <li><input type="checkbox"/> Morning Break Sponsor - \$350</li> <li><input type="checkbox"/> Tote Bag Insert Sponsor (3 available) - \$350 + cost</li> <li><input type="checkbox"/> Special Exhibitor Session - \$250</li> <li><input type="checkbox"/> CEO Session Sponsor - \$250</li> <li><input type="checkbox"/> Breakout Session Sponsor - \$200</li> <li><input type="checkbox"/> PowerPoint Advertisement Sponsor (2 available) - \$200</li> </ul> |
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## Final Sponsorship Level

Total Sponsorship Amount ..... \$ \_\_\_\_\_  
 Tuesday, September 17<sup>th</sup> 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 \_\_\_\_\_