

SPONSOR REGISTRATION

**WALA Fall Conference – Maintaining Your Course, Pewaukee, WI
September 26 - 27, 2018**

Sponsor Registration

Primary Contact Person _____
 Title _____
 Company _____
 Co. Description _____
 Address _____
 City, State, Zip _____
 Email _____
 Phone _____ Fax _____

Sponsorship Opportunities

- | | |
|--|--|
| <input checked="" type="checkbox"/> Event Sponsor.....\$2,000 | <input checked="" type="checkbox"/> Lanyard Sponsor.....\$500 |
| <input checked="" type="checkbox"/> Keynote Sponsor.....\$1,500 | <input type="checkbox"/> Email Confirmation Sponsor.....\$350 |
| <input checked="" type="checkbox"/> Networking Reception Sponsor.....\$1,500 | <input checked="" type="checkbox"/> Morning Break Sponsor.....\$350 |
| <input checked="" type="checkbox"/> Lunch Sponsor.....\$1,500 | <input type="checkbox"/> Exhibitor Session Sponsor.....\$250 |
| <input type="checkbox"/> Educational Pre-Event Sponsor.....\$1,000 | <input type="checkbox"/> Event Evaluation Sponsor.....\$250 |
| <input type="checkbox"/> Breakfast Sponsor.....\$750 | <input checked="" type="checkbox"/> CEO Session Sponsor.....\$250 |
| <input checked="" type="checkbox"/> Event App Sponsor.....\$500 | <input type="checkbox"/> Breakout Session.....\$200 |
| <input type="checkbox"/> Company Hallway Banner.....\$500 | <input checked="" type="checkbox"/> PowerPoint Advertisement.....\$150 |

Note: Sponsor opportunities will be secured on a first-come first-serve basis. If sponsorship opportunities are unavailable, the WALA office will contact you to discuss other alternative options.

Payment Information

Total Sponsorship Amount.....\$ _____

Wednesday, September 26th Networking Reception...Attendees: _____ X \$25.00 = \$ _____

TOTAL = \$ _____

Payment Information:

Visa MasterCard American Express Discover

Card Number _____

Exp. Date _____ Cardholders Name _____

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 _____