

Sponsorship Application Form

April 1, 2023 - March 31, 2024

COMPANY INFORMATION

Company Name _____

Address _____

City _____ State _____ Zip _____

Contact Name and Title _____

Phone _____ Email _____

WILL YOUR TEAM BE ATTENDING THE FALL EXPERIENCE?

Yes! We will be there. No, we can't make it this year.

CORPORATE PARTNERSHIPS

Platinum Sponsor \$10,000 **Gold Sponsor** \$5,000 **Silver Sponsor** \$2,100 **Bronze Sponsor** \$1,200

FALL EXPERIENCE ADD ONS

- Lanyard Sponsorship \$750
- Bag Sponsorship \$750
- Pen Sponsorship \$500
- Ticket to the Friday Dinner \$175
- Lunch Sponsor \$7,500
- Break Sponsor \$2,500

WINTERFEST ADD ONS

- Lanyard Sponsorship \$750
- Bag Sponsorship \$750
- Pen Sponsorship \$500

ADVERTISING ADD ONS

Email Blast \$500 Static Social Media post \$250 Facebook Live \$500

PAYMENT INFORMATION

Check made payable to "Chiropractic Society of Wisconsin"

Visa Mastercard Discover AMEX

Card Number _____ Exp ____ / ____ CVV _____

Billing Address _____

(if different than above)

We, the undersigned, agree to abide by all regulations and restrictions of this event.

Total \$ _____ Signature _____

We look forward to partnering with you this year and in the years to come!

Please return this information to the CSW office via the information below.

PO Box 259506, Madison, WI 53725

Fax: 608-824-2205 | Phone: 608-609-6383 | Email: events@chiropracticsocietywi.org