

October 15, 2018

The Washington State Department of Health is excited to host the fifth annual **Community Health** Worker Conference: *You are EPIC—Equitable, Passionate, Invested, and Collaborative* on April 11-12<sup>th</sup>, 2019 in Wenatchee, Washington.

We invite organizations to be recognized as sponsors of the 2019 Community Health Worker Conference, and/or to take part as an exhibitor. We expect the 2019 conference to attract up to 500 community health workers and public health partners from across the state.

If your organization would like to participate as a sponsor and/or exhibitor, review the options below and complete the form. Please return completed forms to the below email address, or post mail address, by **March 1, 2019**.

Email: <u>chwconference@doh.wa.gov</u>

Mail: Washington State Department of Health ATTN: Marissa Floyd PO Box 47848 Olympia, WA 98504

Thank you for your continued partnership and encouragement. Because of organizations like yours Washington State continues to be a leader in public health efforts.

Sincerely,

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Pama Joyner Director of Office of Healthy and Safe Communities Washington State Department of Health

## 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             |      |
| All sponsors and exhibitors  |      |
| Attendee Name #2             |      |
| Platinum and Gold sponsors o | Inly |
| Attendee Name #3             |      |
| Platinum sponsors only       |      |

# 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

| \$1500 | Gold S | ponsorship | Package |
|--------|--------|------------|---------|
|--------|--------|------------|---------|

- Two (2) complimentary registrations, including meals
- Logo on rotating slide deck in plenary session room

One (1) complimentary registration, including meals

Logo on rotating slide deck in plenary session room

Logo on conference webpage

\$500 Silver Sponsorship Package

- Logo on printed program  $\checkmark$ Logo on venue TV screens
  - Premium exhibitor table location
  - Logo on printed program
  - Exhibitor table

 $\checkmark$ 

- 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 |
|--|-----------------|
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EXHIBITOR PACKAGE SUBTOTAL:

TOTAL SPONSORSHIP/EXHIBITOR CONTRIBUTION: \_\_\_\_

# FORM PROCESSING & PAYMENT INFORMATION

Forms may be emailed to <u>chwconference@doh.wa.gov</u> 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:                      |                                     |  |
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