



Women in Health Administration of Southern California Sponsorship Registration Form

Thank you for agreeing to become a WHA sponsor. We are grateful for your support. Please complete and return this form to us at the address on page 3.

Annual Sponsorship Level

Please check the appropriate box:

- Titanium - \$2,500
- Platinum - \$1,500
- Gold - \$1,000
- Silver - \$500
- Bronze - \$250

Sponsor Information

Company Name: _____

Contact Person: _____ Title: _____

Phone #: _____ Fax #: _____ Email: _____

Company Address: _____

Company Website: _____

Company Description (*limited to 70 words*) (*please copy below or provide on separate attachment*):

Please continue to page 2



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Complimentary Memberships

The following sponsorship levels include complimentary memberships:

Titanium Sponsorship: 6 memberships
Platinum Sponsorship: 4 memberships

Gold Sponsorship: 2 memberships
Silver Sponsorship: 1 membership

List below the names and contact information of the individual(s) who will receive your complimentary membership(s). *Bronze Sponsors please skip this page and go to page 3.*

<p>Name: _____</p> <p>Title: _____</p> <p>Company: _____</p> <p>Address: _____ _____</p> <p>Phone: _____ e-mail: _____</p>	<p>Name: _____</p> <p>Title: _____</p> <p>Company: _____</p> <p>Address: _____ _____</p> <p>Phone: _____ e-mail: _____</p>
<p>Name: _____</p> <p>Title: _____</p> <p>Company: _____</p> <p>Address: _____ _____</p> <p>Phone: _____ e-mail: _____</p>	<p>Name: _____</p> <p>Title: _____</p> <p>Company: _____</p> <p>Address: _____ _____</p> <p>Phone: _____ e-mail: _____</p>
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Please continue to page 3



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Authorized Signature

By signing this form, I/the organization agrees to sponsor WHA as indicated above.

Signature: _____ Date: _____

Print Name: _____ Title: _____

Please return this completed and signed form along with your check payable to *Women in Health Administration* to:

WHA Corporate Sponsorship Program
P.O. Box 77932
Corona, CA 92877

THANK YOU FOR YOUR SUPPORT OF WHA!