



2019 APPLICATION FOR SPONSORSHIP

Business/Organization Information (Please print clearly)

Business Name _____

Address _____

City _____ State _____ ZIP _____

Phone _____ Fax _____

Website _____

Expo Contact Person Name (to receive all future correspondence) _____

Title _____

Email _____

Phone (if different from above) _____

Sponsorship Choice

- ◇ **\$10,000- Expo Sponsor- 4 available- Deadline January 31, 2019** **Zone Choice:** _____
- ◇ **\$5,000- Zone Sponsor - 6 Available - Deadline January 31, 2019** **Zone Choice:** _____
- ◇ **\$2,000 -Expo Ambassador- Deadline March 1, 2019**
- ◇ **\$500 - Expo Supporter - Deadline March 1, 2019**
- ◇ **\$3,500 (in-kind)- Media Sponsor - Deadline January 31, 2019**
- ◇ **\$499 and under - Angel Sponsor - Deadline March 1, 2019**

Sponsorship Agreement

We hereby apply for sponsorship at the Southern Illinois Wellness Expo to be held on March 23, 2019. We understand that the submission of the application does not guarantee acceptance until approved by Southern Illinois Wellness. We further understand that Southern Illinois Wellness reserves the right to determine the eligibility of any sponsor.

Signature _____ **Title** _____ **Date** _____

Payment Information

Full payment must accompany application or request invoice below. **All payments must be received by 1/31/19 or 3/1/19.**
 Make checks payable to Southern Illinois Wellness Expo.

American Express Discover Mastercard VISA

Credit card # _____ Expiration Date _____

Cardholder's name (print) _____

Check # _____ \$ _____

Please send invoice for payment