WH Auxiliary’s 28th Annual TGIF (Thank God I’m Female)
Women’s Wellness Event - Friday, April 26, 2019
La Bella Vista (The Ponte Club), 380 Farmwood Road, Waterbury, CT

_**Sponsorship Opportunities**_  
(Deadline for Sponsoring is March 25, 2019)

- **$5,000 Premier Event Sponsor**
  - Your logo on Invitations, Continuous event video loop, and on promo gift bag.
  - Twelve (12) tickets to the event at a reserved table.
  - Exhibitor table (2 tables)

- **$2,500 Supporting Sponsor**
  - Your logo on Invitation, Continuous event video loop, and on promo gift bag.
  - Six (6) tickets to the event.
  - Exhibitor table (1 table)

- **$1,500 Women’s Wellness Sponsor**
  - Your logo on Continuous event video loop and on promo gift bag.
  - Six (6) tickets to the event.
  - Exhibitor table (1 table)

- **$1,000 Event Sponsor**
  - Your logo on Continuous event video loop and on promo gift bag.
  - Your logo on all centerpieces and
  - Four (4) Tickets to the event.
  - Exhibitor table (1 table)

- **$750 Centerpiece Sponsor**
  - on promo gift bag.
  - Three (3) tickets to the event.
  - Exhibitor table (1 table)

- **$500 Marketing Sponsor**
  - Your logo on promo gift bag.
  - Two (2) tickets to the event.
  - Exhibitor table (1 table)

- **$250 Exhibiting Sponsor**
  - One (1) ticket to the event.
  - Exhibitor table (1 table)

- **$100 Vendor Sponsor** (retail only – space is limited)
  - One (1) ticket for diner
  - Exhibitor table (1 table) for sale of products.

- **$ 50 Individual Ticket to the Event (open seating)**

- **$ 450 Table of TEN (10) PLUS reserved seating.**

**NOTE:**
No tickets will be mailed to you.  
Registration upon arrival.

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Company/Name: ________________________________________________________________
Address: ______________________________________________________________________
City: __________________________ State: ________ Zip: __________________________
EMAIL: ______________________________________________________________________
Contact Name: __________________________ Phone: __________________________
Title: __________________________ Fax: __________________________

*Please make check payable to: Waterbury Hospital Auxiliary, Inc.*

*Or: Fill out for charge payment to: (circle one) MC Visa AmEx Disc*

Account # __________________________ Exp. Date __________ CVS ________

*Return this Form and your Payment to:*

Waterbury Hospital Auxiliary, P.O. Box 2, Oakville, CT 06779

Feel free to email us at whauxiliaryevents@gmail.com with any questions you may have.