



"Thank God I'm Female"  
WOMEN'S WELLNESS FORUM

# WH Auxiliary's 28<sup>th</sup> 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.*

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](mailto:whauxiliaryevents@gmail.com) with any questions you may have.