Join Us!
The 2020 PATCH Symposium will be held at the easily accessible Sheraton Madison Hotel, 706 John Nolen Drive, Madison WI 53713. Sponsoring or exhibiting at this event offers an opportunity to connect with a multidisciplinary audience of Wisconsin health care professionals, including medical providers, health care staff, health educators, behavioral health providers, public health professionals, residents, students, and more! They will be joined by many young people eager to learn about the services, products, and resources your organization has to offer!

Symposium Goals
Together, health care professionals and young people will:

- Engage in authentic and meaningful conversations about the quality of adolescent health care services in Wisconsin;
- Explore misunderstandings and missed opportunities for prevention and health promotion in adolescent health services; and
- Enhance adolescent health by fostering awareness and activism.

Throughout the day, we’ll discuss...

CONTRACEPTION IMMUNIZATIONS ALCOHOL TECHNOLOGY TRAUMA SUICIDE VAPE PUREITY JUSTICE IMMIGRATION ANXIETY SEXUALITY DISABILITY RELATIONSHIPS OPIOIDS SELF-CARE TRANSITION DIET DEPRESSION

...AND SO MUCH MORE!

May 13, 2020
Madison, WI

See you there!
www.wipatch.org/patchsymposium2020
SPONSORSHIP

PLATINUM  GOLD  SILVER  BRONZE

**BENEFITS:**
- 4 Symposium registrations
- Verbal recognition at event
- Single page insert in attendee folder*
- Full page advertisement
- Logo and link on event website
- Recognition on PATCH’s robust social media platforms
- Signage and audiovisual logo recognition during the event
- 1 Exhibitor Registration**

**BENEFITS:**
- 3 Symposium registrations
- Full page advertisement
- Logo and link on event website
- Recognition on PATCH’s robust social media platforms
- Signage and audiovisual logo recognition during the event
- 1 Exhibitor Registration**

**BENEFITS:**
- 2 Symposium registrations
- Half page advertisement
- Logo on event website
- Signage and audiovisual logo recognition during the event
- 1 Exhibitor Registration**

**BENEFITS:**
- 1 Symposium registration
- Quarter page advertisement

$5,000  $3,000  $1,000  $500

* Single page insert not to exceed 8.5 x 11 inches. Production costs are not included in this sponsorship fee. Sponsor is responsible for all production, shipping, and material handling costs.
** Exhibitor registration includes 1 Symposium registration and 6-foot display table (see exhibit schedule below).

EXHIBIT

Schedule
Exhibitors will be located in the main event space which will be open during the entirety of the Symposium. Meal and break times are also provided throughout the day to network.

7:30–8:00am  Exhibitor Set Up
8:00–8:30am  Registration & Breakfast
8:30–10:10am  Opening Session
10:10–10:30am  Networking Break
10:30–11:30am  Breakout Session 1
11:30–12:30pm  Lunch
12:30–1:30pm  Breakout Session 2
1:30–1:45pm  Networking Break
1:45–2:45pm  Breakout Session 3
2:45–3:05pm  Networking Break
3:05–4:00pm  Closing Session
4:00–4:30pm  Exhibitor Break Down

FOR-PROFIT  NON-PROFIT

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Exhibitor Registration includes:
- One Symposium registration (includes lunch)
- One 6 foot display table
- Electric outlets may be available upon request

TERMS & CONDITIONS

Sponsors and Exhibitors: must support the PATCH Program’s mission, vision, beliefs, and values; will be given a promotional code for each complimentary registration; and may not influence or interfere with educational content.

Tax Deduction Benefit
The PATCH Program is an initiative of the Wisconsin Alliance for Women’s Health (WAWH), a 501(c)(3) organization. Thus, your contributions may be tax deductible to the extent allowed by the law. WAWH will send a receipt for your tax records when appropriate.
This form is also available electronically at the Symposium website (www.wipatch.org/patchsymposium2020). Payment may be made via credit card, check, or invoice. Please print and mail this form to Wisconsin Alliance for Women’s Health. Attn: 2020 PATCH Symposium, PO Box 1726, Madison WI, 53701.

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**TOTAL:** $

PAYMENT METHOD:  [ ] Please invoice my organization  [ ] Check made out to WAWH is enclosed

TERMS & CONDITIONS: I understand and agree to the terms and conditions.

AUTHORIZED SIGNATURE: _________________________________  DATE: ______________________