



# SPONSORSHIP FORM

Idaho Association of District Boards of Health  
Annual Meeting ■ May 28-30, 2014 ■ Sun Valley, Idaho

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address/City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Website URL: \_\_\_\_\_ Fax Number: \_\_\_\_\_

## SPONSOR & EXHIBITOR BENEFITS:

- Reach approximately 100 people in two days by being a conference sponsor.
- Enhance networking opportunities within the group by attending the conference.
- Position your company and your services/products with attendees, including Board of Health members from throughout the state, their spouses, District Directors, and members of other state agencies from around Idaho.

|                          | SPONSORSHIP OPPORTUNITY                                                                       | BENEFIT    |                |           |              |                                      |                                                  |                  | COST    |
|--------------------------|-----------------------------------------------------------------------------------------------|------------|----------------|-----------|--------------|--------------------------------------|--------------------------------------------------|------------------|---------|
|                          |                                                                                               | Table Tent | Name on Screen | ½ Page Ad | Full Page Ad | Verbal Acknowledgment during meeting | One Free Registration (*Doesn't Include Lodging) | Free Booth Space |         |
| <input type="checkbox"/> | Break May 29                                                                                  | ✓          |                |           |              |                                      |                                                  |                  | \$200   |
| <input type="checkbox"/> | Breakfast May 29                                                                              | ✓          | ✓              |           |              |                                      |                                                  |                  | \$300   |
| <input type="checkbox"/> | Breakfast May 30                                                                              | ✓          | ✓              | ✓         |              |                                      |                                                  |                  | \$600   |
| <input type="checkbox"/> | Lunch May 29                                                                                  | ✓          | ✓              | ✓         | ✓            |                                      | ✓                                                | ✓                | \$900   |
| <input type="checkbox"/> | Plated Dinner May 29                                                                          | ✓          | ✓              | ✓         | ✓            | ✓                                    | ✓                                                | ✓                | \$1,200 |
| <input type="checkbox"/> | Booth                                                                                         |            |                |           |              |                                      | ✓                                                |                  | \$600   |
| <input type="checkbox"/> | Regretfully, we are unable to sponsor but would be willing to donate money towards the event. |            |                |           |              |                                      |                                                  |                  | \$      |

- The above individual or a representative will attend the conference.  
Name (if different from above): \_\_\_\_\_

### Please return to:

Amy Lierman  
1020 Washington St. N  
Twin Falls, ID 83301-3156  
Phone: (208)737-5978  
Fax: (208)734-9502  
Email: alierman@phd5.idaho.gov



# ADDITIONAL INFORMATION

- If you choose to sponsor a break or meal, your company name/logo will be displayed during that meal or break as described in the “Benefit” section of the graph on the previous page.
- All sponsors will also be recognized on the “Thank You” page of the conference program.
- Booth spaces are 10’ x 10’ or 8’ x 8’.
- Sponsors at the \$900 and \$1,200 level and sponsors who choose to set up a booth will receive one complimentary registration for the conference. Please write the name of the attendee at the bottom of the previous page, if it is different from the person who filled out the registration form.
- Sponsors at the \$900 and \$1,200 level also receive a complimentary booth space. Please let us know if you plan on using that booth space.
- Donations of any amount are more than welcome.
- Promotional items advertising your company are also welcome.

Thank you for your support!

## LOGOS

If you would like your company logo included on materials, please email a high quality copy to [rlowe@phd5.idaho.gov](mailto:rlowe@phd5.idaho.gov).

## PAYMENT

Please make checks payable to **South Central Public Health District** or contact us for additional payment options.

Donations to local government qualify as a tax deduction. Consult with your tax professional on the tax impact to your business.

For Office Use:

Amount Received:

Date Received:

Receipt #:

Posted:

