

Sponsorship and Program Ad Form

USE THIS FORM TO SUBMIT WOMEN OF PROFESSIONAL EXCELLENCE RECIPIENTS AND PROGRAM ADS.
FOR INCLUSION IN THE EVENT PROGRAM SUBMIT NO LATER THAN **APRIL 10, 2010.**

Women of Professional Excellence Sponsorships

Please reserve a sponsorship at the level of:

- Ambassador – \$3,500 (5 WOPE recognitions – table of 8 preferred seating, logo, ½ pg Program ad*)
- Patron – \$2,500 (4 WOPE recognitions – table of 8 preferred seating, logo, ¼ pg Program ad*)
- Friend – \$1,500 (3 WOPE recognitions – 4 seats preferred seating, logo, business card-sized Program ad*)
- Contributor/Small Business - Level 1 – \$750 (2 WOPE recognitions – 3 seats preferred seating, logo*)
- Contributor/Small Business - Level 2 – \$375 (1 WOPE recognition – 2 seats preferred seating)

OUR RECIPIENTS ARE:

_____	_____	_____
Name	Phone	E-Mail
_____	_____	_____
Name	Phone	E-Mail
_____	_____	_____
Name	Phone	E-Mail
_____	_____	_____
Name	Phone	E-Mail
_____	_____	_____
Name	Phone	E-Mail

CRITERIA

Each recipient should reflect:
High professional standards and evidence of career and professional growth.
Significant and continuing contributions to the effective, efficient operation of your business.
Willingness to support and mentor others in your business, especially women.
Commitment to women's growth, leadership and power.
An active and genuine interest in the community.

Separate Program Ad Purchase

Women's Network Members receive 10% discount.

We would like to show our support by placing a program ad: (Please see artwork specifications)

- \$500 Full-page ad
- \$350 Half-page ad
- \$200 Quarter-page ad
- \$100 Business card size ad

***AD REQUIREMENTS:** All ads should be print ready, minimum 300 dpi. PDF files are preferred -- JPG or TIFF will be accepted. **Deadline:** Friday, May 1st. Send artwork email to wninfo@womensnetworkneohio.com

Payment Information

Company/Organization Name

Contact Name

Address, City, State, Zip

Telephone

E-Mail

Check enclosed payable to Women's Network, Inc. *Indicate if corporate check is being mailed separately.*

Visa/Mastercard/Amex/Discover # _____ exp _____ security code _____

Signature _____

Submit to: **Women's Network, Inc. P.O.Box 13259, Fairlawn, OH 44334 – or –**
wninfo@womensnetworkneohio.com