Delaware HIV Consortium
13th Annual WOW Awards Celebration: Friday, MAY 12, 2017
Sponsorship Opportunity Form

| WOW Presenting Sponsor | $10,000 | • Three VIP reserved tables of eight
|                       |         | • Exclusive full page advertisement on back cover of WOW program book
|                       |         | • Sponsorship recognition in press release and logo on print materials
|                       |         | • Premier recognition throughout the evening
|                       |         | • Acknowledgment in agency newsletter and on agency website

| WOW Gold Sponsor       | 5,000   | • Two VIP reserved tables of eight
|                       |         | • Prominent, full page advertisement in WOW program book, logo on print materials
|                       |         | • Prominent recognition throughout the evening
|                       |         | • Acknowledgment in agency newsletter and on agency website

| WOW Silver Sponsor     | $2,500  | • One VIP reserved table of eight
|                       |         | • Half page advertisement in WOW program book, logo on print materials
|                       |         | • Recognition throughout the evening
|                       |         | • Acknowledgment in agency newsletter and on agency website

| WOW Table Sponsor      | $1,250  | • One reserved table of eight
|                       |         | • Acknowledgement of sponsorship in program booklet
|                       |         | • Complimentary half page advertisement in program

| WOW Advertising Sponsor| $500 / $250 / $125 | • Full page - $500
|                       |         | • Half page - $250
|                       |         | • Quarter page - $125
|                       |         | • Ads must be supportive of the Delaware HIV Consortium or Award recipients
|                       |         | • PDF or JPEG ad submissions must be emailed to smackenzie@delawarehiv.org by April 1, no exceptions.

I will sponsor the 2017 WOW Awards Celebration at the following level:

- __ Presenting Sponsor
- __ Gold Sponsor
- __ Silver Sponsor
- __ Table Sponsor
- __ Ad Sponsor

Contact Name & Title: ______________________________________________________________

Company Name:_________________________________________________

Address:__________________________________________________________

City:________________________ State:________________ Zip:______________

Phone:________________________ E-mail:______________________________

Payment Method: Check Enclosed: ____ Check Forthcoming: ____ (Payable to Delaware HIV Consortium)

Sponsorship/Table purchases can be made using a Credit Card at www.delawarehiv.org

Your gift may be made as a pledge, installments, or deferred payment by calling Scott MacKenzie at 302-654-5407.

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