

**Delaware HIV Consortium**  
**15<sup>th</sup> Annual WOW Awards Celebration: April 26, 2019**  
**Sponsorship Opportunity Form**

<b>WOW Platinum Sponsor \$10,000</b>	<ul style="list-style-type: none"> <li>• Three VIP reserved tables of eight</li> <li>• Exclusive full page advertisement on back cover of <b>WOW</b> program book</li> <li>• Sponsorship recognition in press release and logo on print materials</li> <li>• Premier recognition throughout the evening</li> <li>• Acknowledgment in agency newsletter and on agency website</li> </ul>
<b>WOW Gold Sponsor 5,000</b>	<ul style="list-style-type: none"> <li>• Two VIP reserved tables of eight</li> <li>• Prominent, full page ad in <b>WOW</b> program book, logo on print materials</li> <li>• Prominent recognition throughout the evening</li> <li>• Acknowledgment in agency newsletter and on agency website</li> </ul>
<b>WOW Silver Sponsor \$2,500</b>	<ul style="list-style-type: none"> <li>• One VIP reserved table of eight; one 6 foot exhibit table</li> <li>• Full page advertisement in <b>WOW</b> program book, logo on print materials</li> <li>• Recognition throughout the evening</li> <li>• Acknowledgment in agency newsletter and on agency website</li> </ul>
<b>WOW Table Sponsor \$1,250</b>	<ul style="list-style-type: none"> <li>• One reserved table of eight in the event ballroom.</li> <li>• Acknowledgement of sponsorship in program booklet</li> </ul>
<b>WOW Advertising Sponsor \$500/\$250/\$125</b>	<ul style="list-style-type: none"> <li>• Full page - \$500</li> <li>• Half page - \$250</li> <li>• Quarter page - \$125</li> <li>• Ads must be supportive of the Delaware HIV Consortium or WOW Award recipients</li> <li>• PDF or JPEG ad submissions must be emailed to <a href="mailto:smackenzie@delawarehiv.org">smackenzie@delawarehiv.org</a> by <b>April 1, no exceptions. Full page is 5.5 x 8.5" (program size)</b></li> </ul>

**I will sponsor the 2019 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)

VISA: \_\_\_\_\_ M/C: \_\_\_\_\_ AMEX: \_\_\_\_\_ DISCOVER: \_\_\_\_\_

Name: (Print name as it appears on card) \_\_\_\_\_

Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_