



Meeting Sponsorship Form

Business Name: _____

Contact Name: _____

Address: _____

City, State, Zip _____

Phone Number _____ Email _____

Meeting Month _____

Indicate name(s) of attendee(s):

Name: _____

Name: _____ (Add \$20.00 for an additional representative)

Amount Enclosed: \$ _____ Date: _____

Signature: _____

Luncheon sponsorship includes meal for one attendee, a table to display your organization's information, five minutes during announcements to speak about your organization, your organization's logo displayed on the WSHRMA website associated as a sponsor for the event, your organization's name (and logo if permitted) listed on any additional advertising for the event.

Payment of \$100 plus charges for additional attendees and logo information must be received by the second Monday of the month prior to the event. (ex: January sponsorship would need to be received by the second Monday in December.) Please mail payment to:

WSHRMA
c/o Art Anderson Associates
202 Pacific Avenue
Bremerton, WA 98337

Please email logo to WSHRMA@artanderson.com.

If you have additional questions please contact WSHRMA@artanderson.com.