

SPONSORSHIP

WMA ANNUAL MEETING
OCTOBER 21-24
TACOMA, WA

Sponsorship Reservation Form

TRAILBLAZER – \$4,000

- Opening General Session: Keynote
- Closing General Session: Keynote
- Opening Reception
- Evening Event: Monday
- Evening Event: Tuesday
- Evening Event: Wednesday

Plus

- Up to Three Complimentary Conference Registrations
- One Full Page, Full Color Advertisement in Program
- Five Minutes of Podium Time During Sponsored Event
- Your logo in the Program, WMA & AMA websites, marketing materials, general conference signage, and chosen event signage
- One Corporate Patron Annual Membership
- Delegate Bag Insert

INNOVATOR – \$2,500

- Directors Luncheon
- Registrars Luncheon
- Expo Hall Networking Lunch
- Leadership Reception
- Expo Hall Closing Reception
- Trustee & Director's Reception
- Logo'd Name Badge Lanyard
- Game Show Showdown
- JFKU Reception
- WMA Community Lunch
- Registration Desk Sponsor

Plus

- Two Complimentary Conference Registrations
- One Half Page, Full Color Advertisement in Program
- Two Minutes of Podium Time During Sponsored Event
- Your logo in the Program, WMA & AMA websites, marketing materials, general conference signage, and chosen event signage
- One Corporate Member Annual Membership
- Delegate Bag Insert

LEADER – \$1,500

- Storytellers Luncheon
- Indigenous People's Luncheon
- Monday (Afternoon) Expo Hall Break
- Poster Session - Tuesday Expo Hall Coffee Break
- Morning Coffee - Opening General Session
- Morning Coffee - Closing General Session
- Coffee Klatch - before Game Show Showdown
- Development / Marketing Happy Hour
- EMP Happy Hour

Plus

- One Complimentary Registration
- Your logo in the Program, WMA & AMA websites, marketing materials, general conference signage, and chosen event signage

TOTAL AMOUNT Select sponsorship(s) above and enter the total amount enclosed in the box to the right.

\$

SPONSOR INFORMATION

Please enter your information clearly and EXACTLY as you would like it to appear in WMA listings.

Primary Contact _____

Company _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

E-mail _____

METHOD OF PAYMENT

Check Enclosed

(payable to **Western Museums Association**)

Credit Card: AmEx MasterCard Visa

Card# _____ Exp. Date _____

Cardholder's Name _____

Billing Address _____

City _____ State _____ Zip _____

Signature _____ Date _____

Complete this form and return it with payment to:

Jason B. Jones • wma@westmuse.org
Western Museums Association
P.O. Box 4738 Tulsa, OK 74159