



Women, Wealth and Wellness Sponsorship Form

Firm/Organization: _____

Your name: _____ Title: _____

Phone: _____ E-mail: _____

Sponsorship Level:

- ☐ Video Ad (:15) \$ 500
- ☐ Vendor Table \$750 (outside conference hall)
- ☐ Vendor Table \$1,000 (inside conference hall)
- ☐ Champion Sponsor \$2,500
- ☐ Inclusion Sponsor \$5,500
- ☐ Network Event Sponsor \$5,000
- ☐ Title Sponsor \$10,000
- ☐ **I would like to support a student scholarship for \$500.** *(Scholarship contributions are fully tax-deductible to be paid separately to The Ohio CPA Foundation.)*

Payment:

- ☐ Check enclosed ☐ Please send an invoice

Invoice contact information: Same contact as above (circle)

Firm/Organization: _____

Your name: _____ Title: _____

Phone: _____ E-mail: _____

Please return form and company or firm logo to Thera Gialluca at twright@ohiocpa.com. Attendee names and payment are due July 1, 2020. When you do know attendee names, send them to Thera.