



The Organizational Wellness Conference
Leadership/Team Building & Health/Wellness Promotion
March 27-29, 2017 🍏 Galveston, Texas

Program Ad Information Form

GENERATE AWARENESS & MAXIMIZE YOUR EXPOSURE *The Organizational Wellness Conference - Leadership/Team Building & Health/Wellness Promotion 2017*

Check all that apply:

REP ID#: _____

- **Package 1**— \$549 for a Limited Time —Only **\$429!**

1. **The Organizational Wellness Conference Attendee** – One Registration PLUS
2. **Literature distribution** – 1 piece of your company’s literature added to each attendee’s bag

Get Even Greater Exposure!

- **Package 2**—With the purchase of an ad in the Leadership/Team Building & Health/Wellness Magazine and On-site Organizational Wellness Conference Program, **add package 1 for only \$159!**

- **Package 3**—**FREE Package 1** with the purchase of a sponsorship of **\$3,000** or more – See below for available sponsorships

- **Leadership/Team Building & Health/Wellness Magazine Advertisement - (Get complimentary On-site Program Advertisement)** See requirements and procedures for ads below

Ad size -	Color
Full page (7.5" x 10")	- \$1,500.00
Half Page (3.5" x 10") or (7.5" x 5")	- \$1,000.00
Quarter page (3.5" x 5")	- \$ 700.00
1/8 page (1.5" x 5")	- \$ 400.00

- **The Organizational Wellness Conference On-site Program Advertisement (only)** – See requirements and procedures for ads below

Ad size -	Black & White
Full page (7.5" x 10")	- \$800.00
Half Page (3.5" x 10") or (7.5" x 5")	- \$600.00
Quarter page (3.5" x 5")	- \$400.00
1/8 page (1.5" x 5")	- \$300.00

**Be sure to mail all information, including the form (and ad template) below with your check to:
Educator Well-Health, Inc.**

Attn: Dr. Tania R. White
Educator Well-Health, Inc.
5601 Bridge St. Suite 300
Fort Worth, Texas 76112

www.educatorwellhealth.com

This application is also available on-line, or FAX to 682 / 708-3256



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Fax form to (682) 708-3256 ATT: Dr. Tania R. White
Phone: 817-654-5138 or email: trwhite@educatorwellhealth.com

2017 Sponsorships

REP ID#: _____

- | | |
|--|--|
| <input type="checkbox"/> Seminar Tote Bags \$ 5,000 | <input type="checkbox"/> Second Day Breakfast \$ 5,000 |
| <input type="checkbox"/> Portfolios \$10,000 | <input type="checkbox"/> Second Day Coffee Breaks \$ 1,000 each |
| <input type="checkbox"/> Lanyards \$ 2,500 | <input type="checkbox"/> Third Day Breakfast \$ 5,000 |
| <input type="checkbox"/> Leadership & Health Magazine \$ 4,000 | <input type="checkbox"/> Third Day Coffee Breaks \$ 1,000 each |
| <input type="checkbox"/> Opening / Welcome Ceremony \$ 4,000 | <input type="checkbox"/> Individual Scholarships \$ 400 ea |
| <input type="checkbox"/> First Day Breakfast \$ 5,000 | <input type="checkbox"/> Literature Distribution \$ 500 ea (600 pcs) |
| <input type="checkbox"/> First Day Coffee Breaks \$ 1,000 each | <input type="checkbox"/> Other - Contact Educator Well-Health, Inc. |

Sponsorship Total : \$ _____

Payment Information:

Name _____ Date _____

Company _____

Billing Address _____ City, State Zip Code _____

Telephone (_____) _____ Fax_(_____) _____

E-mail _____

Payment Options:

Check . MasterCard . VISA

Credit Card # (CC#): _____

Expiration date: _____ 3 digit CVVC# _____

Fax to: (682) 708-3256

If paying by check, make check payable to: Educator Well-Health Inc.

www.educatorwellhealth.com

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Full Page (7.5" X 10")

Half Page (3.5" X 10")

Quarter Page (3.5" X 5")

Business Card Size (1/8 – Page) (1.5" X 5")

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Half Page (7.5" X 5")

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