

Sponsorship Application

Application Due by July 31, 2019

Company Information

Company Name: _____ Contact Name: _____
 Title: _____ Address: _____
 City: _____ State: _____ Zip: _____ Phone: _____
 Email: _____ Website: _____

Please select the level of sponsorship you are interested in:

Platinum \$2500 Gold \$2000 Silver \$1500 Bronze \$1000 Copper \$500

Sponsorship Opportunities	Platinum \$2500	Gold \$2000	Silver \$1500	Bronze \$1000	Copper \$500
Complimentary meals	9	8	6	4	2
4.5"x3.75" ad space in Luncheon program	✓				
Logo displayed on sponsorship signage	✓	✓			
Logo digitally displayed at conference	✓	✓			
Logo displayed on website	✓	✓			
Logo displayed in Luncheon program	✓	✓			
Company name included with media release	✓	✓	✓		
Company name displayed in Luncheon program			✓	✓	✓
Company name displayed on sponsorship signage			✓	✓	✓
Company name displayed on website			✓	✓	

****Logos are due with application submission in jpg or png format.**

Please select payment method:

Invoice Check (Please make out to Kansas Department of Commerce)
 Email: _____ Check #: _____
 [Online Credit Card Payment](#)

Signature: _____ Date: _____

The person signing this form is authorized to do so on behalf of the sponsoring organization.

For questions please contact Rhonda Harris at rhonda.harris@ks.gov.

Email, fax or mail completed form to:

Jeanna Lee
 Event Coordinator
 Kansas Department of Commerce
 1000 SW Jackson St, Ste. 100
 Topeka, KS 66612-1354
 Phone: (785) 296-1868 Fax: (785) 296-3490
 Email: Jeanna.lee@ks.gov



KANSAS 2019
MED WEEK

MINORITY ENTERPRISE DEVELOPMENT

Oct. 10, 2019 at Capitol Plaza Hotel, Topeka