



CALIFORNIA
SCHOOL-BASED
HEALTH ALLIANCE
 Putting Health Care Where Kids Are

School-Based Health: Advancing Equity in Health & Education

April 30-May 1, 2015

Bahia Resort in San Diego

Benefits	Gold Sponsor \$10,000+	Silver Sponsor \$5,000+	Bronze Sponsor \$2,500+	Preferred Exhibitor \$2,000+	Exhibitor \$1,000+
Conference exhibit table or insert (provided by exhibitor) in conference packet and listing in program	✓	✓	✓	✓	✓
Premium exhibit table location	✓	✓	✓	✓	
Post-conference list of attendees	✓	✓	✓	✓	
Recognition in conference promotional materials	✓	✓	✓		
Advertisement in conference program	½ page	¼ page	Bus Card		
Logo and hyperlink featured on conference web page	✓	✓			
Insert in attendee packet (provided by sponsor)	✓	✓			
Logo on the CSHA website and e-news for the year	✓				
Complimentary registrations	4	3	2	1	

Underwriting Opportunities

In addition to our regular sponsorship levels, we also offer exclusive underwriting opportunities. These options have limited availability, so please contact us prior to payment to confirm availability.

Plenary Underwriter (\$5000)

Have your organization's logo displayed on plenary welcome sign and on table placards for one of the highlights of the conference, the plenary session. Plus receive recognition on our list of supporters.

Lunch Underwriter (\$2500)

Have your organization's logo displayed on table placards and receive recognition at one of the key networking opportunities for 400 school health professionals, plus a place on our list of supporters.

Tote bag Underwriter (\$2000)

Help us show off our brand new logo and get your organization on the conference accessory given to everyone in attendance, plus receive recognition on our list of supporters.

Welcome Reception Underwriter (\$1000)

Reach supporters at this popular event by being featured on table tents during our welcome reception, plus receive recognition on our list of supporters.

Sponsor Level: <input type="checkbox"/> Gold <input type="checkbox"/> Silver <input type="checkbox"/> Bronze	Exhibitor Level: <input type="checkbox"/> Preferred Exhibitor <input type="checkbox"/> Exhibitor	Underwriting Option: _____	Amount: \$ _____
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	Contact Person _____ Title _____ Organization Name _____ (as you wish it to appear in publications) Address _____ City _____ State _____ Zip _____ Phone _____ Fax _____ Website _____ E-mail _____ Payment Preferences: ___invoice me ___check enclosed ___I will pay online with credit card www.schoolhealthcenters.org/about-cshc/join-and-support-cshca/conference-sponsorship/
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Exhibit space is limited. Please return form to CSHA by fax: 510-268-1318, email: shelton@schoolhealthcenters.org, or mail: 1203 Preservation Park Way, Ste. # 302, Oakland, CA 94612

