

2014 Arkansas CHW Stakeholder Summit

May 13, 2014

C.A. Vines Arkansas 4-H Center – Little Rock, Arkansas

SPONSORSHIP CONFIRMATION AGREEMENT

Company or Organization	
Contact Name	
Address	
City, State, Zip	
Phone	
How did you hear about us?	

My company/organization would like an exhibitor's booth at the conference for \$100.

Summit host will provide:

- Lunch for two
- Conference table, exhibitor will provide a table cloth and materials.
- Recognition at Summit

My company/organization would like to make a \$500 sponsorship contribution towards the conference.

Summit host will provide:

- Lunch for two
- Conference table, sponsor will provide a table cloth and materials
- Organization's name/logo on printed materials
- Recognition at Summit and during media contacts

Sponsor Representative:

Print Name _____ Signature _____

Date _____

Enclosed is my check to the **UAMS College of Public Health**

Please return this form to:

Attn: Jinger Morgan

UAMS College of Public Health

4301 West Markham #820

Little Rock, AR 72205