



**Wisconsin Association for Perinatal Care
47th Annual Statewide Perinatal Conference**

**April 30-May 2, 2017, Kalahari Resort, Wisconsin Dells, WI
SPONSORSHIP OPPORTUNITIES**

WAPC depends on the support of unrestricted educational grants from sponsors like you to assure the availability of a high-quality, affordable continuing education in perinatal health.

Conference sponsorship offers many benefits. It shows:

- Your commitment to the highest standards of perinatal care.
- Your recognition of the importance of affordable quality continuing education opportunities in perinatal health.
- Your support for your staff and colleagues who are involved as conference presenters, planners, and participants.
- Your interest in distinguishing yourself as a leader in perinatal health.

Sponsorship Levels and Recognition

Sponsors are acknowledged in numerous ways according to the amount of the grant. The following chart shows the acknowledgement that matches the various sponsorship levels.

Acknowledgement*	Sponsorship Levels					
	Diamond (\$7,500)	Platinum (\$5,000)	Gold (\$2,500)	Silver (\$1,000)	Bronze (\$500)	Copper (\$250)
Number of complimentary conference registrations	6	4	2	1		
Introduction of staff from your organization attending the annual conference at the opening plenary session	x	x	x	x		
Slide shown prior to all plenary sessions*	x	x	x	x	x	
Table tents during both conference luncheons*	x	x	x	x	x	x

*Commercial sponsors will be identified by name only to comply with Standards for Commercial Support.

Sponsorship Deadline

March 24, 2017

- Return completed registration form and sponsorship agreement, along with your check to WAPC at 211 S. Paterson St., Suite 250, Madison, WI 53703.
- For non-commercial sponsors, email your logo in jpg or gif format to wapc@perinatalweb.org

*Gift and Acknowledgment Policy - As a provider of professional continuing education, WAPC has constraints and limited means of expressing the gratitude for unrestricted educational grants.

WAPC Statewide Perinatal Conference
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Sponsorship Registration Form

Company/Organization Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Contact Name: _____ Title: _____
Telephone: _____ Fax: _____ Email of Contact Person: _____
(Confirmation letters and other correspondence will be sent to the contact above.)

Sponsors: I/We would like to support the 2017 WAPC Statewide Perinatal Conference with an unrestricted educational grant at the following level:

Diamond (\$7,500) Platinum (\$5,000) Gold (\$2,500) Silver (\$1,000) Bronze (\$500) Copper (\$250)

Total enclosed: \$_____ Make check payable to the **Wisconsin Association for Perinatal Care**, WAPC's Federal EIN is 39-1363820. If you choose to pay by credit card, please contact Barb Wienholtz at 608-285-5858 ext. 201.

I agree to abide by "WAPC's Policy Regarding Commercial Support for WAPC Activities" (below):

Signature Required: _____
Name, Title (print or type): _____

WAPC's Policy Regarding Commercial Support for WAPC Activities

1. WAPC will solicit and accept support only for projects and activities that are consistent with the Association's mission.
2. WAPC determines how funds provided by commercial supporters for educational activities will be used.
3. The overall planning and responsibility for an educational activity belongs to the Wisconsin Association for Perinatal Care. This includes the selection of speakers, topics, meeting sites, and other important decisions.
4. WAPC will not permit product promotions (advancements) as part of an educational presentation. There are no continuing education credits for exhibitors.
5. WAPC does not provide product endorsements (approvals).
6. WAPC will be vigilant at all times to avoid any real or apparent conflict of interest in accepting donations.
7. All faculty members for continuing education must complete and sign a "faculty disclosure declaration" prior to their presentation. All faculty members participating in any WAPC sponsored programs are expected to disclose to the program audience any real or apparent conflict(s) of interest that may have a direct bearing on the subject matter of the continuing education program. The intent is not to prevent a speaker with a potential conflict of interest from making a presentation, rather it is intended that any potential conflict should be identified openly so that the participants may form their own judgments about the presentation with the full disclosure of the facts.
8. Sponsors will be identified to participants of WAPC activities.
9. Health or other system sponsorships for educational events will be acknowledged in *one of the two* following ways:
 - a. *The system will be acknowledged for the total amount of the sponsorship* (e.g., Global Health System is acknowledged for a contribution of \$2,500.)
 - b. Individual entities in a system will be acknowledged at the level of the total system sponsorship divided by the number of entities (e.g., Global Health system provided a \$2,500 sponsorship and wants each of its 10 entities acknowledged at the \$250 level. WAPC will not acknowledge all 10 entities at the higher system level of \$2,500.)

Non-commercial sponsors, please email a corporate logo in jpg or gif format to WAPC staff at wapc@perinatalweb.org.

Return completed registration form, sponsor agreement, and payment for sponsorship by **March 24, 2017, to:**

Wisconsin Association for Perinatal Care, 211 S. Paterson St., Suite 250, Madison, WI 53703
Phone: 608-285-5858 - Fax: 608-285-5004 – Email: wapc@perinatalweb.org

Please retain a copy of this registration form for your records. After WAPC receives payment, sponsors will receive a formal letter acknowledging their gift for tax reporting purposes.

Thank you!

FOR OFFICE USE ONLY: Non-commercial sponsor Commercial sponsor

WAPC Executive Director signature: _____ Date _____