



Transforming Care

LGBTQ & HIV/AIDS Health Equity Conference

CORPORATE SPONSORSHIP COMMITMENT FORM

Please return this form along with your sponsorship, to Julia Applegate, 4400 N. High St., Columbus, OH 43214. Questions? transformingcare@equitashealth.com or at (614) 929-8894. Please be sure to submit an electronic version of your company logo (if applicable). All checks/money orders should be made payable to: Equitas Health. Ads should be sent at no less than 300 dpi in PDF, JPEG, or TIFF formats only. Please provide electronic artwork via email to art@equitashealth.com.

Please type or print clearly for advertisement purposes:

Company: _____

Contact/Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

Website: _____

Sponsorship Deadline: September 1, 2017

Please select your sponsorship level:

- Platinum \$5,000
- Gold \$2,500
- Silver \$1,000
- Bronze \$500
- Community Partner \$150

By my signature below, I am hereby indicating that I am an authorized agent of the above named company/ organization to enter into a sponsorship agreement with Equitas Health Institute for LGBTQ Health Equity.

Signature

Date

Credit Card #

CVV#

Expiration Date