



# 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](mailto: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](mailto:art@equitashealth.com).

*Please type or print clearly for advertisement purposes:*

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### 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.

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