



Metro Milwaukee SHRM
HR Executive Insights
February 21, 2019
Kohl's Innovation Center



Sponsorship Opportunities

Sponsorship:	What you get:	Cost:
Breakfast Sponsor: (1 available)	<ul style="list-style-type: none"> Table-top display on the day of the conference (display materials provided by you) Your company logo displayed at the breakfast buffet Your company logo included on web, email and social media communications, on pre-event mailing(s), and on event brochure(s) Your company logo included on MM SRHM website Company name listed on print materials/event signage/PowerPoint Your company logo included on MM SHRM Social Media posts List of event attendees <p style="text-align: center; font-size: small;"><i>MM SHRM is willing to split the breakfast sponsorship among two companies if needed</i></p>	\$2,500.00
Printing Sponsor: (1 available)	<ul style="list-style-type: none"> Your company logo included on MM SRHM website Company name listed on print materials/event signage/PowerPoint Your company logo included on social media communications 	\$300.00
Table Sponsor: (up to 15 available)	<ul style="list-style-type: none"> Premier reserved seating for 8 attendees at the event Company name listed on print materials/event signage/PowerPoint and recognized at the event Your company logo included on MM SRHM website Your company logo included on social media communications 	\$200.00

Submit completed form, payment and artwork to:

MM SHRM	Phone: (888) 782-6815
P.O. Box 833	Fax: (888) 287-4116
Germantown, WI 53022	office@mmshrm.org

Please provide the following information:

Company Name: _____

Contact Name: _____

Street Address: _____

City/State/Zip: _____

Phone Number: _____ E-Mail: _____

Select one or more sponsorship opportunities:

- _____ \$2,500.00 Breakfast Sponsor (1 available)
- _____ \$300.00 Printing Sponsor (1 available)
- _____ \$200.00 Table Sponsor (up to 15 available)

Application AND payment must be received with this form or, if you choose to be invoiced, no later than 30 days after submitting the form. Please indicate your preference for payment:

- Check enclosed (payable to Metro Milwaukee SHRM)
 Invoice me (payment due within 30 days)
 Credit Card

Name on Card (Print):	
Credit Card Number:	Credit Card Type:
Expiration Date:	CVC#:
Authorized Signature:	

Please submit a logo in electronic format to: office@mmshrm.org
Opportunities Are Limited and Are Available First Come, First Serve!