



32nd Annual Educational Conference on Workers' Compensation

Event Sponsorship Opportunities

Company Name _____

Company Representative _____

All conference sponsorship correspondence will be mailed to this individual

Address _____

City _____ **State** _____ **Zip** _____

Telephone _____ **Cell** _____

Email _____ **Web Address** _____

SPONSORSHIP BENEFITS FOR ALL PACKAGES INCLUDE:

- Exposure and recognition during prime meeting times
- Power Point rotation of sponsor names
- Firm/Business name in conference program and electronic materials
- Special sponsor identification on name badge

PALMETTO - \$2,500 1 complimentary conference registration, 1 complimentary golf tournament slot, promotional materials in conference registration bag

AMETHYST - \$1,500 1 complimentary conference registration, promotional materials in conference registration bag

WREN - \$750 Promotional materials in conference registration bag

Golf Sponsor - \$200 Name recognition on signage at annual golf tournament

COMMITMENT \$ _____

All sponsors must be paid by September 5, 2008 to be included in conference program

Payment Method

- Check/Money Order: **made payable to South Carolina Workers' Compensation Educational Association (SCWCEA)**
 Invoice me for the amount due
 Credit Card: VISA MASTERCARD

Card Number: _____ Expiration: _____

Address: _____
(where monthly bills are received – street, city, state & zip)

Signature of Cardholder: _____

Remit to:
SCWCEA | 3 Cavendish Court, Irmo, SC 29063 | Phone 803.407.3360 | FAX 803.407.3361