



A Decade of Inspiration

Saturday, March 31, 2007 • 8:30-4:00 • Radisson Hotel Milford

Name _____

Company _____

Address _____

Town _____ State _____ Zip _____

Phone _____ Email _____

I have enclosed a tax-deductible check for \$_____ (to Women's Center for Wellness) to support this event (please check all categories that apply).

I would like to be a Sponsor (indicate level below)

_____ **Decade of Inspiration Level: \$1,000** (no more than 5 will be accepted)

Benefits:

- Category exclusivity at this level
- Logo on signage in lobby/registration area
- Prominent mention during event
- Vendor Table (if requested) for display of literature, give-away or merchandise for sale
- Mention in all event publicity
- 4 tickets to event, by request

_____ **Guardian Angel Level: \$500** (unlimited number)

Benefits:

- Logo on signage in breakfast area
- Literature/signage display on shared sponsors table
- Mention in all event publicity
- 2 tickets to event, by request

_____ **Muse Level: \$250** (unlimited number)

Benefits:

- Logo on signage in breakfast area
- Literature/signage display on shared sponsors table
- 1 ticket to event, by request

_____ **Wellness Level: \$100** (unlimited number)

Benefits:

- Logo on signage in breakfast area
- Literature/signage display on shared sponsors table

See side 2 for the whole story...

_____ **I would like to be part of the Lifestyle Marketplace (\$100 per space)**

- The Lifestyle Marketplace will be set up throughout the hallways surrounding the ballroom, in the main traffic area of the event. Only 20 spaces are available, to give each vendor focused attention from our guests, and each space includes a 6-foot long table. Lifestyle Marketplace spaces may include merchandise for sale, business literature, give-aways, or services (i.e. chair massage, readings, etc.), but each space may only take up 4 feet x 6 feet with or without the table. You may purchase multiple spaces. Please include check with this form.

_____ **I would like to donate an item/service/gift certificate to the event Raffle.**

- Please have a WCW representative call me to discuss (phone number is essential). Proceeds from the Raffle will support Women's Center for Wellness.

_____ **I am willing to sell tickets at my location.**

- Please have a WCW representative call me to discuss. WCW will provide all tickets and materials necessary, you will simply have to collect registration forms and money.

_____ **I would like to purchase a ticket(s).**

- Please have a WCW representative send me _____ registration packets.

Ticket Prices:

Early-birds (purchased by Feb. 14th)...\$ 55 full day/ \$40 luncheon only

Regular sale (purchased Feb 15- March 24)...\$ 65 full day/ \$50 luncheon only

Full-day price include: breakfast buffet, luncheon with celebrity keynote speaker, two workshops, Lifestyle Marketplace and all other programming.

Luncheon Only price includes: buffet luncheon with celebrity keynote speaker.

Space is limited and reservations will be taken on a first-come, first-served basis. Ticket purchase includes a registration process during which guests rank their workshop preferences and every attempt will be made to give attendees their top choices.

Thanks for your interest...it's going to be a wonderful event!



All inquiries, reservations and checks should be sent to:

WOMEN'S CENTER FOR WELLNESS

P.O. Box 606

Milford, MA 01757

508-473-4244

Email:

[wcv@womenscenterforwellness.org](mailto:wcw@womenscenterforwellness.org)