



Sponsorship Form

Thank you for sponsoring our upcoming Well-Being @ Work Summit!
Please fill out all the required information and take note of important dates.

Contact Information

Business Name _____
Business Contact _____
Business Address _____ State _____ ZIP Code _____
Business Phone _____ E-mail Address _____

Sponsorship Level

- _____ Keynote \$5,500 + 3 Complimentary Registrations
- _____ Platinum \$3,500 + 3 Complimentary Registrations
- _____ Gold \$2,500 + 2 Complimentary Registrations
- _____ Silver \$2,000 + 2 Complimentary Registrations

Payment

An invoice will be sent upon receipt of this form

Payment is due within 15 days of receiving this form

Important Dates

1. Please send your hi-res logo (.jpg, .png, .tiff, .gif, .pdf, or .psd) to wellness@ibpllc.com ASAP along with your signed and completed form.
2. Program Ads due 4/3
 - Specs should be 300dpi: .psd, .jpg or .pdf format
 - Full Page 8.5" H x 5.5" W
 - Half Page 4.25" H x 5.5" W
 - Quarter Page 4.25" H x 2.75" W
3. Program Bags
Items for registration bag due 4/3, mail or drop off to:
Innovative Benefit Planning, 101A Foster Rd, Moorestown, NJ 08057

Signature _____ Date _____

#ibpwellbeing2024