



WASHINGTON SPA ALLIANCE

1010 Wisconsin Avenue NW, Suite 201 | Washington, D.C. 20007
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As the Washington Spa Alliance works to promote the exchange of education and innovation in the field, we are pleased to have dedicated professionals such as yourself committed to bettering our industry. With our first annual symposium just around the corner, we appreciate your support and continued allegiance to the spa industry. Below you will find the outline of our sponsorship program for this year's symposium: NEW REALITIES Redefining the American Spa Experience. Should you have any questions regarding the opportunities available please don't hesitate to contact Mary Pilch (Mary.Pilch@aurarichmond.com) or Anna Mancebo (Anna.Mancebo@marriott.com).

SPONSORSHIP OPPORTUNITIES

Charter Sponsor: *2 Complimentary Tickets to attend the Symposium to include Lunch
Inclusion in all member communiqués prior to and after the Symposium
Acknowledgement on the WSPA website throughout the year
Inclusion in media announcements prior to and after the Symposium
Signage at the symposium
COST: \$1,000*

Product Donation: *Inclusion in the VIP/Gift Bags provided to symposium attendees
(estimated 120) and speakers (estimated 25)
COST: Product Donation + Shipping/Delivery
All product must be received no later than March 21st.
Please send to the following address: Atten: Ada Polla, 1010 Wisconsin Avenue NW, Suite 201
Washington, DC 20007*

SPONSORSHIP TERMS

Please complete the following and submit to our Sponsorship Coordinators via email at mary.pilch@aurarichmond.com or anna.mancebo@marriott.com. Once a sponsorship commitment has been received, you will be promptly invoiced (if applicable). If providing a product donation, details on the number of attendees, location to ship items, etc will be forwarded to your attention as soon as possible.

Select your sponsorship level: Charter Sponsor Product Donation
Executive Director
Signature: _____

BILLING INFORMATION

Billing Contact Name: _____
Billing Contact E-Mail: _____
Billing Street Address: _____
City, State, Zip: _____
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