

## 2025 WESTERN PLANT HEALTH ANNUAL MEETING SPONSORSHIP OPPORTUNITIES

OCTOBER 5-7, 2025

**Rancho Bernardo Inn, San Diego, CA**

☐ Yes! Please count us in as a sponsor. Be sure to type or print clearly your company's name exactly how you want it to appear on the sign. What you write below is how it will appear, *so please be exact*. When submitting your sponsorship form, include your company logo in EPS format (preferred) or as a high resolution PNG to be used on sponsor recognition signage. Submit logos to WPH Director of Programs Jill Miller at [jillmm@healthyplants.org](mailto:jillmm@healthyplants.org).

Company Name \_\_\_\_\_ Phone # \_\_\_\_\_

Contact Name \_\_\_\_\_ Email Address \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Listed below are specific and general sponsorship opportunities that your firm can participate in at the WPH Annual Meeting. Please check which opportunity you would like and return the form to the WPH office via email ([mariaa@healthyplants.org](mailto:mariaa@healthyplants.org)) or by USPS mail. ***Sponsorships are on a first-come, first-served basis.***

Sponsorship Amount	Sponsorship Event	No. of Sponsorships Available
<input type="checkbox"/> \$1,600	Registration Refreshments (Sunday & Monday)	1 Available
<input type="checkbox"/> \$1,600	Business Session Continental Breakfast & Refreshments	No Limit
<input type="checkbox"/> \$2,200	Sunscreen (500 bottles of sunscreen)	1 Available
<input type="checkbox"/> \$2,500	Luncheon Underwriter - (Tuesday)	3 Available
<input type="checkbox"/> \$3,000	Hotel Room Key Cards	1 Available
<input type="checkbox"/> \$3,000	Keynote Speaker - (Tuesday)	3 Available
<input type="checkbox"/> \$3,000	Evening Entertainment - (Tuesday)	3 Available
<input type="checkbox"/> \$5,000	Welcome Reception (Sunday)	1 Available

Or a general cash sponsorship as indicated below:

☐ \$500      ☐ \$750      ☐ \$1,000      ☐ Other

☐ Check Enclosed to Western Plant Health 4460 Duckhorn Dr, Sacramento CA 95834 **OR**  
☐ Please charge my credit card (Visa/MC/Amex) No.: \_\_\_\_\_

Sec. Code \_\_\_\_\_ Exp. Date \_\_\_\_\_ Billing Statement Zip Code \_\_\_\_\_ **OR**

☐ Please invoice me and send it to the *email* or physical address above.

**Thank you for making our meetings successful each year!**

**Deadline is September 5, 2025**

**Please respond by Tuesday, September 5, 2025**