



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. Please be sure to type or print clearly your company's name **exactly** how you want it to appear on the sign. When submitting your sponsorship form, please 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.

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 Maria Abero (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 checked="" 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 checked="" 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 checked="" type="checkbox"/> \$5,000	Welcome Reception (Sunday)	1 Available
Or a general cash sponsorship as indicated below:		
	<input type="checkbox"/> \$500	<input type="checkbox"/> \$750
	<input type="checkbox"/> \$1,000	<input type="checkbox"/> Other

PAYMENT METHOD:

☐ Check Enclosed payable to Western Plant Health 4460 Duckhorn Dr, Sacramento CA 95834

☐ Please charge my credit card (VISA/MC/AMEX): # _____

Exp. Date _____ Sec. Code _____ Billing Statement Zip Code _____

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

Please return completed form via USPS or email to mariaa@healthyplants.org

Thank you very much for your continued support! As always, we appreciate you.

Deadline is September 5, 2025

Please respond by Friday, September 5, 2025