



SPONSORSHIP PACKAGES

2nd Annual Joint ISM-Milwaukee & APICS Milwaukee Golf Outing Tuesday, September 19, 2017 • New Berlin Hills Golf Course

Wisconsin's Premier Golf Outing for Supply Chain & Operations Management Professionals

TYPE	COST	DETAILS*
<input type="checkbox"/> Event Sponsor	\$1,500.00	Includes hole sponsorship; Four golf spots, lunch and dinner; 8 tickets to dinner event; Acknowledgement in all printed and electronic marketing campaigns; A banner prominently displayed at the registration area on the day of the event; 1" x 1" logo and link to your company's web site from the ISM-Milwaukee and APICS Milwaukee website; Back cover full page advertisement and acknowledgement in the event program; Two months advertising in ISM-Milwaukee's BuyLines and APICS Milwaukee newsletters; An opportunity to include your company literature into the registration packets.
<input type="checkbox"/> Gold Sponsor	\$750.00	Includes hole sponsorship; Two golf spots, lunch and dinner; Your company name will be prominently displayed at the registration area on the day of the event; One month advertising in ISM-Milwaukee's BuyLines and APICS Milwaukee newsletters.
<input type="checkbox"/> Lunch Sponsor	\$500.00	Two golf spots, lunch and dinner. Company name displayed during lunch.
<input type="checkbox"/> Golf Cart Sponsor	\$400.00	Golf Cart Signage on every golf cart with company logo.
<input type="checkbox"/> Putting Green Sponsor	\$300.00	Signage displaying company name on putting green.
<input type="checkbox"/> Hole Sponsor	\$275.00	A sign prominently displayed on the tee of the sponsored hole.

*All sponsorships include: listing on ISM-Milwaukee & APICS Milwaukee websites, acknowledgment on the event program, and an opportunity to include your company literature at event.

REGISTRATION FORM: (Or register online at: www.apicsmilw.org)

Company: _____

Contact: _____

Address: _____

City/State/ZIP: _____

Telephone: _____ Fax: _____

E-Mail: _____

PAYMENT INFORMATION

Enclosed is a check for _____ payable to **APICS Milwaukee**

Charge my VISA/MasterCard - TOTAL \$ _____

The Full Billing Address associated with the credit card MUST accompany the card number.

Card No: _____

Exp. date: _____ 3-Digit Customer code: _____ (Found on back of card.)

Address _____

City _____ State _____ Zip _____

Fax, mail or e-mail registration to: **APICS Milwaukee**, 11801 W. Silver Spring Drive, Suite 200, Milwaukee, WI 53225
Phone: 414-436-3008, FAX: 414-464-0850, E-mail: apics-milwaukee@apicsmilw.org