



Wisconsin State Fire Chief's Association Sponsorship Levels

If interested in sponsoring WSFCA, complete the information below and send to the WSFCA office:
6737 W. Washington St., Suite 1300 • Milwaukee, WI 53214 • Phone: 800-375-5886 • Fax: 414-276-7704
or email Kelly Lang, Associate Business Manager: lang@svinicki.com

Gold Sponsorship - \$3,500 (a \$4,000 value)

Wisconsin Fire Chief Magazine – full page color ad in all four 2009 issues.....	\$1,360
<i>(preferred placement)</i>	\$150
Website advertisement on home page to your company (one year)	\$1,000
<i>(available to Gold Sponsors only)</i>	
Membership Directory – full page color ad in 2009 directory	\$500
State Conference Exhibit Booth	\$525
<i>(preferred placement)</i>	\$150
Membership in WSFCA – one year.....	\$75
Special signage & Recognition at State Conference	\$250

Silver Sponsorship - \$2,250 (a \$2,700 value)

Wisconsin Fire Chief Magazine – 1/2 page color ad in all four 2009 issues	\$765
<i>(preferred placement)</i>	\$150
Website link on sponsor page to your company (one year)	\$500
Membership Directory – 1/2 page color ad in 2009 directory	\$275
State Conference Exhibit Booth	\$525
<i>(preferred placement)</i>	\$150
Membership in WSFCA – one year.....	\$75
Special signage & Recognition at State Conference	\$250

Bronze Sponsorship - \$1,750 (a \$2,000 value)

Wisconsin Fire Chief Magazine – 1/3 page color ad in all four 2009 issues	\$646
<i>(preferred placement)</i>	\$150
Membership Directory – 1/3 full page color ad in 2009 directory	\$225
State Conference Exhibit Booth	\$525
<i>(preferred placement)</i>	\$150
Membership in WSFCA – one year.....	\$75
Special signage & Recognition at State Conference	\$250

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Sponsorship Package *(please mark one)*

Gold Silver Bronze

Company name: _____

Contact person: _____

Address: _____

City/State/Zip: _____

Phone: _____ Fax: _____

E-mail: _____

Payment information

Please make checks payable to WSFCA and mail to:
WSFCA • 6737 W. Washington St. • Suite 1300 • Milwaukee,
WI 53214 – or pay by credit card by filling out the information
below (VISA or MasterCard only) & fax to 414-276-7704.

Credit Card Number _____

Exp. Date _____

Cardholder's Name _____

Cardholder's Signature _____