

DOCTOR DAY

Advocacy at the Capitol



Wednesday, May 1, 2019 | Monona Terrace Convention Center | Madison, WI

Host/Sponsorship Opportunities

Showcase your organization's support of Doctor Day!

Over 500 physicians and medical students are expected to gather and learn first-hand how to participate, and make a difference, in the legislative process. This annual event continues to grow, proving the medical community's unified commitment to advocating for issues affecting physicians and their patients. The multi-specialty nature of Doctor Day has quickly become one of the largest state Advocacy Day events for physicians in the country.

Benefits of becoming a Doctor Day Host include:

- **Advocacy:** Your organization will have opportunity to submit an issue paper that is made available to all event attendees, and to all legislative offices.
- **Participation:** Your members may participate in Doctor Day at no cost. Promote the importance of advocacy by allowing your members an opportunity to learn the legislative process first hand, and to meet in groups with their state legislators.
- **Promotion:** Your organization will be listed in all information that is shared with prospective attendees, and more importantly, with 100% of legislative offices in the Capitol. Host organizations will be showcased in electronic promotions, social media announcements and on the conference app, as well as on-site signage.
- **Networking:** Your members will have an opportunity to network with physician colleagues from across disciplines during the breakfast, lunch and reception functions.
- **Podium Recognition:** Host organizations will be recognized from the podium during Doctor Day.

Host Sponsorship Levels *(please check the level that applies):*

- \$1,750 Organizations with more than 500 Members
- \$1,250 Organizations with 100 to 500 Members
- \$750 Organizations with fewer than 100 Members

Breakfast Breakout *(optional)*

- \$500 Reserve your own meeting room during breakfast prior to the opening session of Doctor Day.

\$_____ **Total Sponsorship Commitment** *(an invoice will be sent to the contact information below)*

Please complete the information below.

Host/Sponsoring Organization: _____

Contact Person: _____

Phone: _____

E-mail address: _____

Address: _____

City/State/Zip: _____

Return this form to:

Doctor Day | 563 Carter Ct Ste B | Kimberly, WI 54136
widoctorday@badgerbay.co | 920-750-7728 | fax: 920-882-3655

For more information, please visit the official Doctor Day website at www.widoctorday.org.