2027 Corporate Partnership Agreement

Wisconsin Chiropractic Association
2401 American Lane | Madison, WI 53704
Email completed form to: lknope@wichiro.org

Corporate Partner Packages

Circle one of the partnership opportunities below

Platinum	Premium	Preferred
$10,000	$5,000	$2,500

Enhance your partnership experience with customized opportunities available beyond the Platinum level. For details, contact lknope@wichiro.org

Are you interested in **Speaker Sponsorship** (in-person or online) for continuing education courses? YES or NO

Agreement Information

(as it should appear on the WCA website)

Company Name _____

Contacts	Name	Email	Cell Phone
Primary Contact			
Secondary Contact			

Company Address _____

City/State/Zip _____

General Phone _____ Fax _____ Website _____

Description of Products or Services *(to be used on WCA website)* _____

Payment

Total Amount Due $_____

Payment Processing: A secure electronic invoice will be sent to the primary contact's email for payment by credit card or e-check due upon receipt.

By signing this Agreement, Participant agrees to pay the Corporate Partnership Package fee specified herein in full before marketing benefits begin.

Corporate Partner Signature _____ Date _____ John Murray, WCA Executive Director _____ Date _____

WCA RESERVES THE RIGHT TO REJECT OR CANCEL ANY PARTNERSHIP BENEFITS FOR ANY REASON AT ANY TIME.