



Are you looking to broaden your company’s recruiting talent pool and visibly support women in the pharmaceutical industry in the Boston area? If so, the ISPE Boston Area Chapter of Women in Pharma (WIP) is full of talent and looking for local companies to sponsor our events! ISPE brings together pharmaceutical industry professionals in the Greater Boston area to discover new opportunities, learn about the industry trends, and network with each other. The Women in Pharma group is focused on networking and supporting women already in the pharmaceutical industry and encouraging more women to enter the pharmaceutical industry.

Sponsoring one of our events would target the people who are active in networking and personal growth within the industry. Sponsorship will also allow your company to be a visible proponent of gender equality and talent diversity. Your company’s recognition and exposure will grow at our events and you also may gain new clients or customers!

Sponsorship benefits include:

- Sponsor name on the event details on the Chapter website
- Sponsor logo and name on display at the event
- Recognition in the post-event coverage in the Chapter’s Blog

Pricing:

One event: \$500

To learn more about this opportunity contact Amy Poole, Chapter Manager, at 781-647- 4773 or office@ispeboston.org. If you are interested in signing up for the program, please complete the attached form and return to office@ispeboston.org or fax 781-647-7222. We look forward to hearing from you and working together to market your company amongst the members of our organization!

Upcoming Event:

- **December 4th, 2018 ISPE Boston Area Chapter Women in Pharma Event – Bridging the Gender Diversity Gap** - 6 to 8PM at Alexion 121 Seaport Blvd, Boston
 - *Please pledge sponsorship by November 26, 2018 in order to have your logo on display at the event*

Sponsorship Pledge: \$500 to sponsor the Dec. 4th - Bridging the Gender Diversity Gap Event

Name: _____

Company: _____

Tel: _____ Email: _____

Payment Type: Visa MasterCard AMEX Check (Payable to: ISPE Boston)

Card #: _____ Expiration Date: _____

Cardholder Name (as it appears on card): _____

Cardholder Signature: _____