

2026 AREA WIDE TRIBAL BEHAVIORAL HEALTH CONFERENCE

SPONSORSHIP APPLICATION

Company Name: _____

Contact Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

We will support this conference with a sponsorship at
the following level:

☐

Camas

☐

Huckleberry

☐

Cedar

☐

Salmon

☐

In- Kind Services _____

Payment Method:

☐

Check is enclosed

Return completed form to:
Cowlitz Indian Tribe BH
900 Fir St.
Longview, WA 98632

OR

Email completed form to:
BHconference@cowlitz.org

***Deadline July 31, 2026**



COWLITZ
INDIAN TRIBE
BEHAVIORAL HEALTH SERVICES

Contact us:
BHconference@cowlitz.org