



# 18<sup>TH</sup> ANNUAL STATEWIDE CONFERENCE

## SPONSORSHIP OPPORTUNITIES

### SPONSORSHIP PACKAGES

All Sponsorships include signage during the Conference, full page advertisement in printed Conference Program, recognition during Conference Welcome, in BIA-MO newsletter and on our website.

#### \_\_\_ Track Sponsor - \$5,000

- Logo on Conference Event Program
- Six professional Conference registrations
- Prime exhibit space in Exhibit Hall
- Recognized in BIA-MO social media
- Option for organization collateral item in Conference Bag
- Link from the BIA-MO website

#### \_\_\_ Lunch Sponsor - \$3,000

- Four professional Conference registrations
- Prime exhibit space in Exhibit Hall
- Option for organization collateral item in Conference Bag
- Five-minute address at Sponsored Lunch

#### \_\_\_ Keynote Sponsor - \$1,000

- Two professional Conference registrations
- Exhibit space in Exhibit Hall
- Signage during your Keynote Session

#### \_\_\_ Break Sponsor - \$500

- Signage during Refreshment Break or Breakout Session

### EXHIBIT OPTIONS

#### \_\_\_ Full Conference Exhibit - \$385

*(No discount for fewer than three days of exhibiting.)*

#### \_\_\_ Survivor and Family Seminar Exhibit - \$125

#### Days Exhibiting:

*(Check all that apply for accurate table count.)*

#### Professional Audience

\_\_\_ Thursday, October 20

\_\_\_ Friday, October 21

#### Survivor and Family Audience

\_\_\_ Saturday, October 22

#### Representative(s) for Exhibit

(Lunch included for one representative with Exhibit Fee. There is a \$55 per person/per day Refreshment Fee for additional Exhibit Representatives who are not registered for the Conference.)

Name: \_\_\_\_\_

Name: \_\_\_\_\_

### ADVERTISING OPPORTUNITY

Conference Program advertising (black & white only):

\_\_\_ Full Page \$100 size 8" x 10 1/2"

\_\_\_ Half Page \$75 size 8" x 5 1/4"

Sponsorship is tax-deductible to the extent allowed by law.

Company/Agency Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

#### Payment Options

Check payable to BIA-MO enclosed       Invoice me

Charge my credit card #: \_\_\_\_\_

Name on Card: \_\_\_\_\_ Exp. Date: \_\_\_\_ CVV Code \_\_\_\_

Cardholder billing zip code (if different than above) \_\_\_\_\_