



17th Annual Conference on the Wellbeing of Children and Families

In support of The Children's Healing Institute

October 15, 2020

WE WISH TO BE RECOGNIZED AS A:

- | | |
|---|--|
| <input type="checkbox"/> Presenting Sponsor (\$10,000) | <input type="checkbox"/> Exclusive Conference Tote Bag Underwriter (\$3,000) |
| <input type="checkbox"/> Premier Sponsor (\$5,000) | <input type="checkbox"/> Conference Tote Bag Underwriter (\$1,000) |
| <input type="checkbox"/> Keynote Speaker Underwriter (\$4,000) | <input type="checkbox"/> Gold Sponsor (\$1,000) |
| <input type="checkbox"/> Platinum Sponsor (\$3,000) | <input type="checkbox"/> Conference Photographer Underwriter (\$750) |
| <input type="checkbox"/> Conference Breakfast Underwriter (\$2,500) | <input type="checkbox"/> Silver Sponsor (\$500) |
| | <input type="checkbox"/> Balloon Sponsor (\$100) |

Exhibitor Table: *(One Exhibitor Table w/representative is included in some sponsorship levels)*

Do you want an exhibitor table? (\$200 if not included in sponsorship) ☐ No ☐ Yes

Do you want a second representative at your exhibitor table (\$90): ☐ No ☐ Yes

Please list Exhibitor Table representatives below:

Name (Exhibitor Table Representative)	Phone	Email	Veg Meal
1. _____	_____	_____	<input type="checkbox"/>
2. _____	_____	_____	<input type="checkbox"/>

Set-up time: 7:15-7:45 am. Exhibitors will receive one (1) 6' skirted table and one (1) chair. *Conference luncheon is included.*

All exhibitors will be listed in the conference program. Exhibitors must remain at their tables until 3:00pm.

REPRESENTATIVES included in sponsorship level: *Varies by sponsorship level*

(Presenting: 8; Premier, Keynote, Platinum: 4; Exclusive Tote Bag: 3; Breakfast: 2; Tote Bag, Gold, Photographer, Silver: 1)

(List Exhibitor Table representatives above) If you would like to send more representatives than included in your sponsorship level, register online at TurnontheLight.org or contact Suzan Santosus (ssantosus@ChildrensHealingInstitute.org 561-687-8115 x102)

☐ We **will not have representatives** attending the conference this year.

Name	Phone	Email	Veg Meal
1. _____	_____	_____	<input type="checkbox"/>
2. _____	_____	_____	<input type="checkbox"/>
3. _____	_____	_____	<input type="checkbox"/>
4. _____	_____	_____	<input type="checkbox"/>
5. _____	_____	_____	<input type="checkbox"/>
6. _____	_____	_____	<input type="checkbox"/>
7. _____	_____	_____	<input type="checkbox"/>
8. _____	_____	_____	<input type="checkbox"/>

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MEDIA:

☐ Corporate logo (jpeg or png) will be emailed for inclusion in conference materials— **submission deadline 9/14/20**

☐ Company ad (jpeg or png) will be emailed for inclusion in conference materials (see sponsor level for your ad size)

Full page: 8" x 10.5" Half page: 8" x 5" Quarter page: 4" x 5" Business card: 4" x 2.5" — **submission deadline 9/14/20**

ADDITIONAL WAYS TO SUPPORT:

☐ Donation: \$ _____ ☐ Gift-in-kind: Description: _____ Value: \$ _____

PAYMENT OPTIONS:

☐ Please invoice

☐ Payment enclosed (checks payable to The Children's Healing Institute) - Amount: \$ _____

☐ Credit Card (☐ VISA ☐ MasterCard ☐ AmEx):

Card # _____ Exp _____ CIV/CSC Code _____ (3 or 4 digit # on card back)

Billing Address: _____ City _____ ST _____ Zip _____

COMPANY INFORMATION:

Company Name: _____

Contact Name: _____ Title _____

Address: _____ City _____ ST _____ Zip _____

Phone: (office): _____ (cell): _____

Email: _____

Signature: _____ Date: _____

Completion of this agreement form is confirmation of your support as a sponsor of the event, as set out above. Upon receipt of this form, The Children's Healing Institute will send an invoice for payment of the sponsorship amount if not included. Please note that sponsorships are non-refundable.



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561.687.8115

www.ChildrensHealingInstitute.org

THANK YOU



for helping us create healthy, positive
and fully-functioning families!!