SPONSORSHIP PACKAGES

## OCT 25, 2024 | DALTON, GA

Dalton Convention Center 2211 Tony Ingle Parkway Dalton, GA 30720 8:00 AM – 4:00 PM

### **KEYNOTE SPEAKER**



**Dr. Evan Anderson, PhD**Pediatric Psychologist and Professor of Pediatrics at the University of Virginia School of Medicine



Anna Shaw
Children's Institute

The 9<sup>th</sup> Annual Autism Conference is intended for parents/caregivers, educators, healthcare professionals, young adults on the autism spectrum, self-advocates, and other interested individuals. If you would like to attend this event and need assistance with interpretation services and/or auxiliary aids, please indicate when registering.

## ABOUT THE CONFERENCE

#### **MISSION**

- Educate parents/caregivers, educators, healthcare professionals, young adults on the autism spectrum, self-advocates, and other interested individuals about autism spectrum disorders
- Present the latest studies, findings, empirically-based strategies, and treatments
- Advance the skills of professionals and others who work with the autism community
- Connect educators, parents and caregivers, self-advocates, teens and young adults with autism, professionals, medical professionals and others
- Showcase autism-related service providers, connect them with those seeking services, and facilitate collaborations with other organizations in our community

#### **AUDIENCE**

This conference is intended for parents/caregivers, educators, healthcare professionals, young adults on the autism spectrum, self-advocates, and other interested individuals.

#### WORKSHOPS

Participants can choose from 20 different sessions on 5 different tracks: new educators, experienced educators, parents, healthcare providers, and Spanish- language led.

#### **EXHIBITORS**

Attendees and exhibitors can make great connections and find new resources.

# 2024 Corporate Sponsorship Opportunities

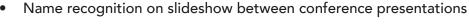
### Presenting Sponsor—\$10,000

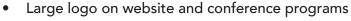
- Billboard logo placement
- Name recognition on HamiltonHealth.com
- Premium Exhibitor Space (Includes two free conference registrations with breakfast and lunch provided. Must complete exhibitor form)
- Name recognition on slideshow between conference presentations
- Largest logo on website, conference programs, conference signage, and at check-in
- Your organization's literature placed at all tables at breakfast and lunch and at check-in
- Single-color logo on attendee lanyard
- Full page ad in conference booklet

## **Breakfast Keynote Sponsor—\$5,000**

- Opportunity to have five minutes to advertise your business/cause during breakfast
- Introduction of keynote speaker
- Name recognition on HamiltonHealth.com
- Premium Exhibitor Space
   (Includes two free conference registrations with breakfast and lunch provided. Must complete exhibitor form)

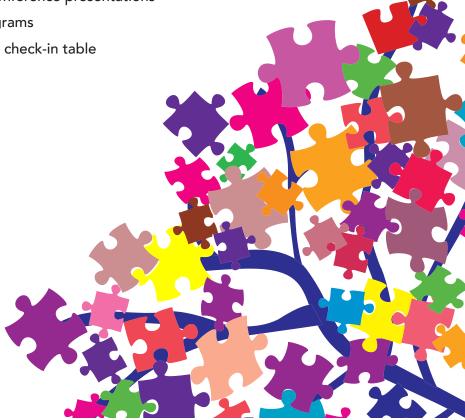
   Name recognition on slideshow between conference presentations





Large logo on signage at conference and at check-in table

Half page ad in conference booklet



#### **Breakout Speaker Sponsor—\$2,000**

- Opportunity to have five minutes to advertise your business/cause during specific breakout session
- Introduce speaker
- Name recognition on HamiltonHealth.com
- Premium Exhibitor Space
   (Includes two free conference registrations with breakfast and lunch provided. Must complete exhibitor form)
- Name recognition on slideshow between conference presentations
- Medium logo on website and conference programs
- Medium logo on signage at conference and at check-in table
- Half page ad in conference booklet

### Gold Sponsor—\$1,000

- Name recognition on HamiltonHealth.com
- Premium Exhibitor Space (Includes two free conference registrations with breakfast and lunch provided. Must complete exhibitor form)
- Name recognition on slideshow between conference presentations
- Small logo on website and conference programs
- Small logo on signage at conference and at check-in table
- Quarter page ad in conference booklet

#### Silver Sponsor—\$500

- Name recognition on HamiltonHealth.com
- Premium Exhibitor Space (Includes two free conference registrations with breakfast and lunch provided. Must complete exhibitor form)
- Name recognition on slideshow between conference presentations
- Logo on website and conference programs
- Logo on signage at conference and at check-in table
- Business card size ad in conference booklet

## **Bronze Sponsor—\$250**

- Name listed on conference programs
- Name recognition on HamiltonHealth.com

## Friends of Autism Sponsor—\$100

Name recognition on HamiltonHealth.com



# **Sponsorship Reservation Form**

Company Name:		
Contact Name:		
Address:		
Email:	Phone:	
Website:		
Exhibitor Contact (if included in Sponso	orship):	
Number of lunches to reserve:	If so, how many lunches do you wish to reserve for your organization?  what is included in your package: (\$18.00 each)	
I would like to sponsor at the lever (please check one):  □ Presenting Sponsor	(this will appear on conference name badges):	
Total Due\$		
PAYMENT INFORMATION (please  Check enclosed (make all of the line) Invoice me (payment due From Conline payment hamiltone)	checks payable to <u>Anna Shaw Children's Institute</u> ) riday, October 11)	

#### Please complete and submit this form by mail, email, or fax to:

ATTN: Lindsey Coker

Anna Shaw Children's Institute

1201 Burleyson Rd., Dalton, GA 30720

Email: lcoker@hhcs.org | Phone: 706.226.8913

Fax: 706-226-8905 (email Lindsey in advance and let her know you will be faxing your sponsorship form)

If you would like an exhibitor table, please complete the Exhibitor Reservation Form attached to the end of this packet.

## **Exhibitor Reservation Form**

Company Name:	
Contact Name:	
Address:	
Email:	Phone:
Website:	
Exhibitor Contact (if included in Sponsorship)	):
I would like to sponsor at the level of	(please check one):
☐ Included in Sponsorship	(please siles and).
□ Nonprofit Exhibitor	
□ Premium Nonprofit Exhibitor 5013c #	\$100
☐ General Exhibitor	
□ Premium Exhibitor	\$175
☐ Bronze Sponsor	
☐ I Need Electricityadditio	onal \$20 for all vendors (unless included in your package upon request)
Total Due	\$
PAYMENT INFORMATION (please chec ☐ Included in Sponsorship	
$\Box$ Check enclosed (make all check	ks payable to <u>Anna Shaw Children's Institute</u> )
☐ <b>Invoice me</b> (payment due Friday,	
☐ Online payment hamiltonhealth	ı.com/conferencepackages
Please complete and submit this form by	y mail, email, or fax to:

ATTN: Lindsey Coker

Anna Shaw Children's Institute

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Email: lcoker@hhcs.org | Phone: 706.226.8913

Fax: 706.226.8903 (email Lindsey in advance and let her know you will be faxing your sponsorship form)