



Strength in every ability. Support in every step.

Formerly known as the
North Georgia Autism Conference

SPONSORSHIP PACKAGES

FRIDAY, OCT. 30, 2026
DALTON, GA

DALTON CONVENTION CENTER

2211 Tony Ingle Parkway

Dalton, GA 30720

8:00 AM – 4:00 PM | Doors open at 7:30 AM



**REGISTER
TODAY**

Hosted by:



Anna Shaw
Children's Institute

More information to follow. For questions, please contact Lindsey Coker at
NGAC@hhcs.org or 706-226-8928

ABOUT THE CONFERENCE

MISSION

The Abilities without Limits Conference & Expo is a collaborative event designed to empower, educate, and connect individuals who support people with differing abilities across the lifespan. This conference brings together parents and caregivers, educators, healthcare professionals, therapists, young adults, self-advocates, and community members for a day of learning, networking, and resource sharing.

AUDIENCE

Attendees will gain practical knowledge, evidence-based strategies, and valuable resources to better support individuals with a wide variety of differing abilities in home, school, healthcare, workplace, and community settings. Through engaging presentations, interactive discussions, and an extensive exhibitor expo, participants will explore topics related to education, healthcare, independent living, employment, advocacy, community inclusion, and family support.

WORKSHOPS

Participants can choose from 24 different sessions on 6 different tracks: new educators, experienced educators, parents, healthcare providers, young adults with a variety of differing abilities, and Spanish-language led.

EXHIBITORS

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



2026 CORPORATE SPONSORSHIP OPPORTUNITIES

Presenting Sponsor—\$10,000

- Billboard logo placement
- Name recognition on **VitruvianHealth.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 **VitruvianHealth.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 website and conference programs
- Large logo on signage at conference and at check-in table
- Half page ad in conference booklet

*Additional lunch options are no longer available.
Please visit conference website to purchase
additional conference tickets.*



Breakout Speaker Sponsor—\$2,000

- Opportunity to have five minutes to advertise your business/cause during specific breakout session
- Introduce speaker
- Name recognition on **VitruvianHealth.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 **VitruvianHealth.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 **VitruvianHealth.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 **VitruvianHealth.com**

Friends of Abilities without Limits Conference Sponsor—\$100

- Name recognition on **VitruvianHealth.com**



2026 SPONSORSHIP Reservation Form



Company Name: _____

Contact Name: _____

Address: _____

Email: _____

Phone: _____

Website: _____

Exhibitor Contact (if included in Sponsorship): _____

Will you be attending the conference? If so, how many lunches do you wish to reserve for your organization?

Number of lunches to reserve: _____

Additional lunch options are no longer available, please visit the conference website to purchase additional conference tickets.

I would like to sponsor at the level of

(please check one):

- ☐ Presenting Sponsor.....\$10,000
- ☐ Breakfast Keynote Sponsor\$5,000
- ☐ Breakout Speaker Sponsor\$2,000
- ☐ Gold Sponsor\$1,000
- ☐ Silver Sponsor\$500
- ☐ Bronze Sponsor.....\$250
- ☐ Friends of Abilities Without Limits ...\$100

Total Due \$ _____

List Names of Attendees

(this will appear on conference name badges):

PAYMENT INFORMATION (please check one):

- ☐ **Check enclosed** (*make all checks payable to Anna Shaw Children's Institute*)
- ☐ **Invoice me** (payment due **Friday, October 9**)
- ☐ **Online payment**

VitruvianHealth.com/services/anna-shaw-childrens-institute/abilities-without-limits-conference/

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

Contact Lindsey Coker at NGAC@hhcs.org or 706.226.8928

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.

2026 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**

☐ Nonprofit Exhibitor.....\$20

5013c # _____

☐ Premium Nonprofit Exhibitor\$100

5013c # _____

☐ General Exhibitor.....\$125

☐ Premium Exhibitor\$175

☐ Bronze Sponsor.....\$250

☐ **I Need Electricity**additional \$20 for all vendors (unless included in your package upon request)

Total Due\$ _____

PAYMENT INFORMATION (please check one):

☐ **Included in Sponsorship**

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☐ **Invoice me** (payment due Friday, **October 9**)

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