

2024 Contract & Order Form

SPONSORSHIP OPPORTUNITIES – FULL YEAR *Please indicate the additional benefit chosen:*

CHAMPION \$18,000

Meeting Room Wi-Fi Hotel Room Keycards Conference App Conference Chatbot Charging Station Journal Swag Bag

COLLABORATOR \$11,000

Conference Signage Water Bottle Hand Sanitizer 3-in-1 Charging Cable

BENEFACTOR \$4,750

Coffee Breaks (two opportunities) Snack Items (two opportunities) Scrambler/Mind Puzzle (two opportunities)

SPONSORSHIP OPPORTUNITIES – SINGLE CONFERENCE *Please indicate level and conference(s) chosen:*

SUMMIT '24 **INFLUENCE** \$6,575 **BUILD** \$4,575 **BUILD** + Swag Bag Item \$5,575 **CONNECT** \$3,475 **TABLETOP** \$1,775

EMWB '24 **INFLUENCE** \$6,575 **BUILD** \$4,575 **BUILD** + Swag Bag Item \$5,575 **CONNECT** \$3,475 **TABLETOP** \$1,775

NSDTA '24 **INFLUENCE** \$6,575 **BUILD** \$4,575 **BUILD** + Swag Bag Item \$5,575 **CONNECT** \$3,475 **TABLETOP** \$1,775

À LA CARTE OPPORTUNITIES *Please indicate à la carte opportunity and conference(s) chosen:*

SUMMIT '24 Engagement Opportunity Keynote Speaker Continental Breakfasts Headshot Lounge

EMWB '24 Engagement Opportunity Keynote Speaker Continental Breakfasts Headshot Lounge (if sponsored)

NSDTA '24 Engagement Opportunity Keynote Speaker Continental Breakfasts Headshot Lounge (if sponsored)

SPONSOR INFORMATION

Company/Organization: _____

Website: _____

ADDITIONAL ATTENDEES

Please add the full name(s) below for allotted complimentary registration(s)

CONTACT INFORMATION

Name: _____

Title: _____

Address: _____

City, State: _____

ZIP: _____ Phone: _____

Email: _____

QUESTIONS OR TO SUBMIT COMPLETED FORMS AND PAYMENTS, PLEASE CONTACT

Exhibit and Advertising Sales Team

Anna Nogueira or Phil Galanty

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All contracts must be complete, signed, and prepaid.

BILLING INFORMATION *If different than contact info*

Name: _____

Title: _____

Address: _____

City, State: _____

ZIP: _____ Phone: _____

Email: _____

ORDER TOTAL \$ _____

PAYMENT INFORMATION

Check #: _____

MasterCard Visa Am. Ex. Please Invoice

Credit Card #: _____

Expiration Date: _____ / _____

By signing this form, you permit us to debit your account for the amount indicated. This authorization is permission for a single transaction only and does not provide for any additional unrelated debits or credits to your account.

Cardholder Name: _____

Cardholder Signature: _____

Authorized Name: _____

Authorized Title: _____

Authorized Signature: _____