

APHSA EVENT SPONSORSHIP OPPORTUNITIES: 2023 CONTRACT & ORDER FORM

SPONSORSHIP OPPORTUNITIES - FULL YEAR *Please Indicate Level and Additional Benefit Chosen:*

Champion Sponsor \$17,050 *(select one)*

- Meeting Room Wi-Fi
 Hotel Room Keycards
 Conference Chatbot
 Journal
 Conference App
 Charging Station
 Swag Bag (+One Item)

Collaborator Sponsor \$9,725 *(select one)*

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

Benefactor Sponsor \$4,500 *(select one)*

- Coffee Breaks
 Snack Item #1
 Snack Item #2
 Scrambler/Mind Puzzle #1
 Scrambler/Mind Puzzle #2

À LA CARTE OPPORTUNITIES *Please Indicate à La Carte Opportunity and Conference(s) Chosen:*

Engagement Opportunity

- National Human Services Summit
 Economic Mobility & Well-Being
 NSDTA

Keynote Speaker

- National Human Services Summit
 Economic Mobility & Well-Being
 NSDTA

Continental Breakfasts

- National Human Services Summit
 Economic Mobility & Well-Being
 NSDTA

Headshot Lounge

- National Human Services Summit

Well-Being Room

- National Human Services Summit

SPONSORSHIP OPPORTUNITIES - SINGLE CONFERENCE

Please Indicate Level and Conference Chosen:

Sponsorship Level *(select one)*

- Influence
 Build
 Connect
 Tabletop
 Swag Bag insert (+\$1,000)

Conference Opportunity *(select one)*

- National Human Services Summit
 Economic Mobility & Well-Being
 NSDTA

ENGAGEMENT OPPORTUNITIES - ALL CONFERENCES

Please Indicate Engagement Opportunity Chosen:

Continental Breakfasts *(select one)*

- National Human Services Summit
 Economic Mobility & Well-Being
 NSDTA

Keynote Speaker *(select one)*

- National Human Services Summit
 Economic Mobility & Well-Being
 NSDTA

SPONSOR INFORMATION *Please Fill in Fields Below:*

Company/Organization _____
 Website _____
 Contact Name _____
 Title _____
 Street _____
 City/State/Zip _____
 Telephone (_____) _____ - _____
 Contact Email _____

ORDER TOTAL \$ _____

BILLING INFORMATION *(if different than sponsor information)*

Contact Name _____
 Title _____
 Street _____
 City/State/Zip _____
 Telephone (_____) _____ - _____
 Contact Email _____

PAYMENT INFORMATION *Please Fill in Fields Below:*

Check # _____
 MasterCard
 Visa
 Am. Ex.
 Please Invoice
 Credit Card # _____
 Expiration Date _____ / _____
 Card Holder Name _____
 Card Holder Signature _____

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.

Authorized Name _____
 Authorized Title _____
 Authorized Signature _____

ADDITIONAL ATTENDEES

Please Fill in Full Name(s) Below for Alloted Complimentary Registration(s):

All contracts must be complete, signed, and prepaid. Please return the form and payment to:

Anna Nogueira, Sponsorship Associate
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