

Sharing a Vision Conference 2017

October 25-27, 2017 | Embassy Suites, East Peoria, IL

SPONSORSHIP, EXHIBITOR AND ADVERTISING REGISTRATION FORM

All Sponsorships, Exhibitors, and Advertising must be submitted by August 30, 2017 in order to appear in the printed conference materials. Registration deadline is October 11, 2017. Technical requirements of ads will be provided with confirmation.

Sharing a Vision will be offering sponsors a new opportunity to provide a Vendor Session for 2017 on a limited basis. The opportunity to present a 90 minute educational session for attendees during one of the two main conference days will be available at the Platinum and Gold Sponsor levels, or can be purchased separately. The Sharing a Vision Program Committee will review proposals submitted at www.conferences.illinoisstate.edu/savrfp until January 31, 2017, with March 30, 2017 as acceptance date. Sponsors wishing to provide a Vendor Session must submit a proposal to be reviewed and accepted. Priority is given to Platinum and Gold level sponsors.

SPONSORSHIP

- Platinum Sponsor..... \$3,000 and higher**
Vendor Session. Website exposure. Signage during conference meals. Full-page ad in the Conference Guide. Attendee contact information. Spotlight promotion at opening session. Two premium booth spaces. Two lunches per day. One sheet Ad in the Conference Folder. PowerPoint acknowledgment that will play across screens during the event.
- Gold Sponsor..... \$1,500**
Vendor Session. Website exposure. Signage during conference meals. Half-page ad in the Conference Guide. Attendee contact information. Spotlight promotion at opening session. One premium booth space. One lunch per day. One sheet Ad in the Conference Folder. PowerPoint acknowledgment that will play across screens during the event.
- Silver Sponsor..... \$1,000**
Website exposure. Signage during conference. Quarter page ad in Conference Guide. One premium booth space. One lunch per day.
- Bronze Sponsor..... \$450**
Website exposure. Signage during conference. One premium booth space. One lunch per day.

NOT FOR PROFIT, LOCAL BUSINESS, OR HIGHER ED EXHIBIT BOOTH

- Space includes: a 6 foot table, 2 chairs, Conference Guide listing, signage, one lunch per day/per booth.....**\$225**

ADVERTISING (In Final Conference Guide)

- Full page, interior.....**\$400**
- Half page, interior.....**\$300**
- Quarter page, interior.....**\$200**
- Ad in the Conference Folder (One page flyer).....**\$300**

RESOURCE TABLE

- Flyers, Brochures on Kiosk Table.....**\$100**
(Shipping directions provided with confirmation.)

ADD-ONS

- Vendor Session.....**\$400**
- Attendee Conference Contact List.....**\$250**
- Additional Lunch.....**\$30**
of additional lunches on Oct. 26 _____
of additional lunches on Oct. 27 _____

PAYMENT TOTAL: \$ _____

PURCHASE FORM

Cancellation Policy: When a written request to cancel is received on or before Oct 11, 2017, 50% of the fee will be refunded after the conference. NO refunds will be made for cancellations received after Oct 11, 2017. Space will not be allocated until full payment is received.

Company Sponsor/Exhibitor/Advertiser Name _____

(As it is to be printed in the Conference Guide and signage)

Authorizing Contact Name _____

E-mail _____ Phone _____ Fax _____

Billing Address _____


City _____ State _____ Zip _____

Company's Website: _____

Representatives Attending: _____ Name _____ E-mail _____

Special Needs (dietary or other): _____


PAYMENT

 **BY PHONE:** (800) 877-1478 or (309) 438-2160 using Visa, MasterCard, Discover, American Express or PO number, 8:00 am – 4:30 pm, Monday-Friday

 **BY MAIL:** Complete form and send with payment to:

Sharing A Vision 2017
Illinois State University
Conference Services
Campus Box 8610
Normal, IL 61790-8610

 **ONLINE:** Visit www.conferences.illinoisstate.edu/savsponsor using Visa, MasterCard, Discover or American Express

 **BY FAX:** Fax completed form to 309-438-5364 with credit card payment or copy of PO number

Check enclosed for \$ _____ (payable to Illinois State University)

Purchase Order # _____ (PO to be faxed to (309) 438-5364 within two business days)

Visa MasterCard Discover American Express

Card Number _____ Exp. Date _____ CVV # _____

Signature on Card _____

Confirmation letter/receipt will be sent via e-mail. For questions, please contact (800) 877-1478 or email conferences@ilstu.edu.