



Ensuring Positive Outcomes For Young Children: Emerging Trends

Friday, April 8, 2016
Crowne Plaza Pittsburgh West – Green Tree

CONFERENCE SPONSORSHIP OPPORTUNITIES

\$3,000 Platinum Sponsor will be recognized as the **Keynote Sponsor on conference day**. This includes: a full page ad in the conference materials and public acknowledgement of your sponsorship during the introduction to the conference. In addition, the Platinum Sponsor will receive six (6) complimentary registrations to the conference and a premium exhibit table.

\$2,000 Gold Sponsor will be recognized as the **Conference Sponsor the day of the event**. This includes a Half Page ad in the conference materials and public acknowledgement of your sponsorship during the conference. In addition, the Gold Sponsor will receive four (4) complimentary registrations to the conference and a premium exhibit table.

\$1,000 Silver Sponsor includes a Quarter Page ad in the conference materials and public acknowledgement of your sponsorship during the conference. In addition, the Silver Sponsor will receive two (2) complimentary registrations to the conference and a premium exhibit table.

*Please circle your choice of the following options: **ADVERTISING DEADLINE: 3/25/16***

Ads will be printed in black and white. Send art (preferably in word or jpg format) to: jennifer@autismofpa.org

CONFERENCE SPONSORSHIP

\$3,000 Platinum Sponsor
\$2,000 Gold Sponsor
\$1,000 Silver Sponsor
4.5"H)

ADVERTISING IN CONFERENCE MATERIALS

\$500 Full Page Ad (7"W x 9.5"H)
\$350 Half Page Ad (7"W x 4.5"H)
\$200 Quarter Page Ad (3.25"W x

EXHIBITOR TABLES – conference registration (with continuing education credits if needed) for **one individual included**. Additional conference attendees will need to register for the conference. Additional exhibitor table attendees will need to pay for an additional lunch (includes all refreshments served during breaks).

\$300 for Organization Members/table
Organization Members/table

\$500 for non-

of Exhibit Tables ____ # of Exhibitor Table Attendees ____ # of additional lunches @ \$45 ea. ____

Name(s) of Table Attendees (if known) _____

Organization Name _____

Contact Name _____

Street Address _____

City _____ State _____ Zip _____

Code _____

Phone _____ Email _____

PAYMENT

Total Amount Due: _____ Check Enclosed _____ payable to:

Autism Connection of PA

Credit Card ____ Visa ____ MC Card # _____ Exp. Date _____

Name on Card _____ Card ID # on back of

card _____

Return form with payment/payment information to: Autism Connection of PA, 35 Wilson St., Suite 100, Pittsburgh, PA 15223 - p. 412-781-4116 / f. 412-781-4122/e-mail jennifer@autismofpa.org