

Sponsorships

Please complete and return by September 17, 2010

**Take 10% off of all Sponsorships
paid and received by September 1, 2010**

See reverse side for mailing and logo instructions

Participating Agency: _____

Contact: _____

Address: _____

City/State/Zip: _____

Phone: _____ Fax: _____

E-Mail: _____

It is important to include an email address for confirmation and communication

Exhibitor #1 (Attendee Name): _____

E-Mail: _____

Exhibitor #2* (Attendee Name): _____

E-Mail: _____

*\$35 fee for second guest, if Exhibitor only, with no additional sponsorship.

Please choose one:

\$2,500.00 Premiere Sponsor

- Recognition during opening remarks
- Up to Four (4) complimentary conference registrations
- Marketing materials in registration packets
- Prominent banner display
- Table in Prominent Location
- Full page ad starting with inside cover of Program Directory (Placed in the order we receive payment for sponsorship)
- Logo on all conference print materials after commitment date
- Recognition on our website

\$1,000.00 Conference Supporter

- Recognition during opening remarks
- One (1) complimentary conference registration will be included
- Marketing materials in registration packets
- Prominent banner display
- 6 foot Exhibitor Table
- Full page black and white ad in Program Directory

\$100.00 Exhibitor Table

- 6 foot Exhibitor Table
- Quarter page ad in Program Directory
- This rate will include complimentary meals for one. \$35 for each additional person.

Other amount (specify \$_____)

- Donor recognition in conference packet (Name only)
- Monies will provide a scholarship for individuals with ASD to attend the conference



Please complete and return by September 17, 2010

**Take 10% off of all Sponsorships
paid and received by September 1, 2010**

**Yes, our organization would love to support this event.
We have enclosed payment for the following amount:**

_____ \$2,500.00 Premiere Sponsor

_____ \$1,000.00 Conference Supporter

_____ \$100.00 Exhibitor Table (for one person)

\$_____ Other amount (discretionary donation)

_____ \$35.00 Additional Exhibitor

\$ **Total Enclosed**

**Please complete and return this form with
your check (payable to: The Autism Project)
and e-mail your ad and or business logo
(.jpg format) to:**

Claudia Prior, Program Manager

The Autism Project

1516 Atwood Avenue

Johnston, RI 02919

claudia@theautismproject.org

401-785-2666 x1054

401-785-2272 (Fax)

