SPONSORSHIP OPPORTUNITIES
Sponsorship opportunities offered on a first-come, first-served basis

$1,700 SPONSOR LEVEL (Base Package)
Community Sponsor
- Exhibitor Package includes name and booth listing in the Conference Program, a 10’ x 10’ exhibit booth, pipe and drape, 2 exhibitor staff badges, table, 2 chairs, wastebasket, WiFi in exhibit hall, and 2 lunches
- Full page ad in the Conference program
- Prominent recognition at the Conference and in promotional materials
- Sponsor logo and link on Conference web page
- Local and regional media exposure
- 2 Conference registrations
- TOTAL PACKAGE VALUE: $2,520

Each Sponsorship Includes Base Package

$1,700 SPONSOR LEVELS
Breakfast Sponsor
- Exclusive signage at the morning breakfast and coffee stands
- Your sponsor logo on coffee cups for all attendees

Back Cover Sponsor
- Exclusive branding of the 2020 program book back cover

All $7,500 Sponsors receive:
- 8 additional Conference registrations

$7,500 SPONSOR LEVELS
Exhibitor Play to Win Card Sponsor
- Your sponsor logo on Play to Win Cards given to all attendees
- Banner with name or logo at Conference

Sold First Aid Sponsor – 1 available!
- Banner with name or logo at Conference
- Your sponsor logo recognition on Conference floor map

Art Exhibit Sponsor
- Exclusive signage in the art exhibit area
- Sponsor logo recognition on the Conference floor map

Lemonade Stand Sponsor (Afternoon Break)
- Exclusive signage on lemonade stand
- Your logo on co-branded cups

Lanyard Sponsor – 1 available!
- Your sponsor logo on lanyard for all Conference attendees

Sold Tote Bag Sponsor – 1 available!
- Your sponsor logo on co-branded tote bag for all Conference attendees

All $5,000 Sponsors receive:
- 6 additional Conference registrations

$5,000 SPONSOR LEVELS
Mix & Mingle Sponsor
- Exclusive branding of the Mix & Mingle event
- Opportunity to make welcoming remarks at event
- Your sponsor logo on cocktail napkins

Keynote Sponsor – 2 available!
- Your sponsor logo prominently displayed in keynote session
- Promotional item in tote bag

Lunch Sponsor
- Exclusive signage in high-traffic lunch area
- Your sponsor logo on all cups and napkins

All $10,000 Sponsors receive:
- 2 social media mentions
- 10 additional Conference registrations

$10,000 SPONSOR LEVELS
Premier Conference Sponsor
- Inclusion in all PR and advertising for event
- Opportunity for branded materials on seats at keynote sessions
- Co-branded welcome area at the conference
- 5 social media mentions
- Opportunity to provide branded item to each attendee
- Reserved seating at keynote sessions
- Opportunity to host Milestones National Autism Conference kick-off event, volunteer leadership event, or a thank-you party with opportunity to provide gift/promo items to attendees
- 14 additional Conference registrations

$15,000 SPONSOR LEVEL
Premier Conference Sponsor
- Inclusion in all PR and advertising for event
- Opportunity for branded materials on seats at keynote sessions
- Co-branded welcome area at the conference
- 5 social media mentions
- Opportunity to provide branded item to each attendee
- Reserved seating at keynote sessions
- Opportunity to host Milestones National Autism Conference kick-off event, volunteer leadership event, or a thank-you party with opportunity to provide gift/promo items to attendees
- 14 additional Conference registrations
- Sponsor logo and link on Conference web page
- Local and regional media exposure
- 2 Conference registrations
- TOTAL PACKAGE VALUE: $2,520

Contact us to discuss a customized sponsorship package.

*Unused conference registrations may be donated back to Milestones scholarship recipients for tax-deduction of full registration costs.

milestones.org | conference@milestones.org | 216.464.7600
2020 SPONSORSHIP AGREEMENT

PLEASE SELECT YOUR SPONSORSHIP LEVEL:

☐ Premier Conference Sponsor $15,000
☐ Mix & Mingle Sponsor $10,000
☐ Keynote Sponsor $10,000
☐ Lunch Sponsor $10,000
☐ Breakfast Sponsor $7,500
☐ Back Cover Sponsor $7,500
☐ Exhibitor Play to Win Card Sponsor $5,000
☐ First Aid Sponsor $5,000
☐ Customized Package Name: ____________________________ TOTAL $ ________

PLEASE COMPLETE THE FOLLOWING INFORMATION:

Company Name (to appear in Conference program): ____________________________

Company Address: ____________________________ City: _______ State: _______ Zip: _______

Phone: ____________________________ Email: ____________________________

Primary Contact Name: ____________________________
Phone: ____________________________ Email: ____________________________

Will there be a different contact coordinating ad/logo?
Name: ____________________________ Email: ____________________________

Will there be a different contact coordinating attendee registrations?
Name: ____________________________ Email: ____________________________

Please list any products, services or other activations you intend to have or sell at your booth:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Please list your AV/electrical needs: ____________________________
________________________________________________________________________
________________________________________________________________________

PAYMENT OPTIONS (half of payment due by March 1, 2020; final payment due by May 15, 2020):

☐ Check: Please make payable to Milestones Autism Resources
☐ Send invoice to: ____________________________
☐ Online payment at milestones.org

MAIL TO:
Milestones Autism Resources
4853 Galaxy Parkway, Suite A
Warrensville Heights, OH 44128

Return this form by mail to the address above or by email to vperry@milestones.org.
Please call Vanetta Perry at 216.464.7600 ext. 113 with any questions.
Please review the policies on page 5 and return with your signature.
2020 EXHIBITOR OPPORTUNITIES

EXHIBITOR AGREEMENT

PLEASE SELECT YOUR EXHIBITOR LEVEL:

☐ Exhibitor $1,200  ☐ Small Non-Profit Exhibitor $800 (please attach supporting documents)

☐ I am a NEW exhibitor this year. I was referred by: ____________________________________________________________

PLEASE COMPLETE THE FOLLOWING INFORMATION:

Total Fee: $_________________________ (based on selection above)

Company Name (to appear in Conference program): _______________________________________________________________

City: ________________________________ State: __________ Zip: __________

Phone: _____________________________ Email: __________________________

Primary Contact Name: __________________________ Email: __________________________

Phone: _____________________________ Email: __________________________

Will there be a different contact coordinating attendee registrations?

Name: ____________________________________________

Email: ____________________________________________

Please list any products, services or other activations you intend to have or sell at your booth:

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Pay list your AV/electrical needs: __________________________

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PAYMENT OPTIONS (half of payment due by March 1, 2020; final payment due by May 15, 2020):

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MAIL TO:

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4853 Galaxy Parkway, Suite A
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Please review the policies on page 5 and return with your signature.
ADDITIONAL OPPORTUNITIES

TAKE ONE TABLE $250
Send your company brochure, catalog, or swag for inclusion on the TAKE ONE TABLE, prominently located by the Conference entrance.

ADVERTISING

More than 1,300 Conference Programs are distributed to attendees, supporters and friends throughout the year.

$600 Full Page Ad - 7.5" x 10"
$400 Half Page Ad (horizontal) - 7.5" x 4.917"
$250 Quarter Page Ad (vertical) - 3.667" x 4.917"
$150 Business Card Ad (horizontal) - 3.667" x 2.375"

Email your ad in a PDF format to development@milestones.org by Friday, April 24, 2020.

ADVERTISER AGREEMENT

PLEASE SELECT YOUR ADVERTISING LEVEL:

☐ Full Page Ad $600  ☐ Quarter Page Ad $250  ☐ Take One Table $250
☐ Half Page Ad $400  ☐ Business Card Ad $150

PLEASE COMPLETE THE FOLLOWING INFORMATION:

Total Fee: $_________________________ (based on selection above)

Company Name: ____________________________________________________________

Company Address: __________________________________________________________

City: _________________________________ State: ___________ Zip: ___________

Phone: _______________________________ Email: ____________________________

Primary Contact Name: ______________________________________________________

Phone: _______________________________ Email: ____________________________

PAYMENT OPTIONS (half of payment due by March 1, 2020; final payment due by May 15, 2020):

☐ Check: Please make payable to Milestones Autism Resources
☐ Send invoice to: ________________________________
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Warrensville Heights, OH 44128

Return this form by mail to the address above or by email to vperry@milestones.org.
Please call Vanetta Perry at 216.464.7600 ext. 113 with any questions.

Milestones has the right to accept or reject any application upon review. Your signature indicates that you understand and agree that this application is subject to approval at the sole discretion of Milestones Autism Resources.

Authorized Signature ___________________________________________ Date _____________

milestones.org | conference@milestones.org | 216.464.7600
EXHIBIT SPACE
1.) All fully completed applications for exhibit space at the Conference shall be submitted to Show Management (Milestones Autism Resources). All exhibits shall be related to the activities of the Conference and its members and shall not detract from the general character of the Conference. Accordingly, Show Management reserves the right to reject any exhibit application, which it feels at its sole discretion, is not appropriate for the Conference.

2.) The price of each exhibit space shall be $1,200 for for-profit organizations and non-profit organization with budgets over $500,000. The price for each exhibit space is $800 for small non-profit organizations with budgets under $500,000. At least one-half of fees shall be paid in U.S. funds at the time of registration.

3.) Early Bird ($100 discount): The deadline for receipt of an exhibitor’s application and one-half of payment is December 31, 2019 at 5:00 p.m. EST.

4.) Each carpeted exhibit area shall consist of a space approximately 10’ wide by 10’ deep and shall contain one 8’ table and 2 chairs. The height of all displays must not exceed 10’. The exhibitor shall adhere to decorum and good taste, as well as safety and structural integrity. No exhibitor shall erect any walls, partitions, painting, decorations or other types of obstructions, which would interfere with the view of any other exhibitor’s booth.

5.) Floor Plan is subject to change at the discretion of Show Management pending approval of the city’s Fire Marshall upon final inspection.

6.) No refund shall be made to any exhibitor who cancels the contracted booth(s) after April 30, 2020. Further, no refund shall be made to any exhibitor who fails, for any reason, to occupy the space reserved. Payment, minus a $300 processing fee, will be refunded upon a written request for cancellation received by Show Management before 5:00 p.m. EST on April 30, 2020. In the unlikely event that the Conference is cancelled, all monies shall be promptly returned to the applicants.

7.) The Exhibit Hall hours will be determined at a later date. Show Management reserves the right to modify or change hours at its sole discretion and without advanced notice to exhibitors.

8.) All exhibitors shall complete their display setup before the opening of the Exhibit Hall at 7:30 a.m., on June 11, 2020. All exhibits must be dismantled from the Exhibit Hall area no later than 5:00 p.m. on June 12, 2020.

EXHIBIT MANUAL
The manual will be sent out on a later date. The manual will include, but is not limited to: shipping instructions, move-in/move-out information, service agreement forms for the rental of equipment, furniture, audio visual equipment, utilities and electricity. The exhibitor shall forward such requests to the specific contracted parties. The cost for such additional items shall be the sole expense of the exhibitor.

SECURITY
Security personnel shall be provided on the evenings of June 10 and 11, 2020; however, neither Show Management nor the I-X Center shall be responsible for the loss by theft or otherwise of any property of the exhibitor and thus recommends that exhibitors remove any portable technology or other valuables from the Exhibit Hall overnight.

PHOTO AND VIDEO RELEASE
Show Management may choose to capture photos or videos during the Conference for use on website or in promotional materials.

HOLD HARMLESS
Exhibitors shall hereby protect, save and hold Show Management and the management of the I-X Center, their respective employees, agents, contractors and sub-contractors harmless from any and all claims for loss, costs, liability, expense or any other claim arising from, out of and/or by reason of the exhibitor’s occupancy and use of the exhibition premises or exhibition booth or any part thereof during the course of the Conference.

FORCE MAJEURE
Should events beyond the reasonable control of the Show Management and I-X Center, including but not limited to acts of God (flood, earthquake, tornado, fire, etc.), war, strikes, terrorism or threats of terrorism in the United States as substantiated by governmental warnings or advisory notices, disease, shortages or disruption of the electrical power supply causing blackouts or rolling blackouts or other essential utilities in or any other cause reasonably beyond the parties’ control (collectively referred to as “occurrences”), making the Conference commercially impracticable, impracticable to perform, illegal, or impossible to fully perform under this Agreement as the Parties originally contracted. In such case, Show Management may terminate this Agreement, without liability, upon written notification.

Milestones has the right to accept or reject any application upon review. Your signature indicates that you understand and agree that this application is subject to approval at the sole discretion of Milestones Autism Resources.

Authorized Signature ___________________________ Date ___________________________
Printed Name ___________________________ Company ___________________________