



MILESTONES NATIONAL AUTISM CONFERENCE

Virtual 
JUNE 16-17

SPONSORSHIP OPPORTUNITIES

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

\$10,000 PREMIER SPONSOR

Premier Conference Sponsor

\$10,000 Sponsor receives:

- Waiting Room Video Intro
- Co-branded banners
- Logo on Side Bar
- Co-branded thank you email
- Logo on postcards (must be submitted by deadline)
- Selection of session time (if applicable)
- 1 (one) Dedicated email blast
- 1 (one) Interview in the MAR newsletter
- 1 (one) Interview on social media
- 5 (five) social media mentions
- 12 All access Conference registrations

\$7,500 SPONSOR LEVELS

Keynote Sponsor – 2 available!

Digital Inside Front Cover Sponsor

Digital Inside Back Cover Sponsor

All \$7,500 Sponsors receive:

- Waiting Room Video Intro
- Co-branded banners
- Logo on Side Bar
- Logo on postcards (must be submitted by deadline)
- Selection of session time (if applicable)
- 1 (one) Dedicated email blast
- 1 (one) Interview in the MAR newsletter
- 1 (one) Interview on social media
- 3 (three) social media mentions
- 10 All access Conference registrations

\$5,000 SPONSOR LEVELS

Backstage Pass Sponsor – 2 available!

CEU Helpdesk Sponsor

Conference Evaluation Sponsor

EXPO Hall Sponsor

Health and Wellness Sponsor

Networking Hall Sponsor

Refresher Breaks Sponsor

Scavenger Hunt Sponsor

All \$5,000 Sponsors receive:

- Waiting Room Video Intro
- Co-branding
- Logo on Side Bar
- Logo on postcards (must be submitted by deadline)
- Selection of session time (if applicable)
- 1 (one) Dedicated email blast
- 1 (one) social media mention
- 8 All access Conference registrations

\$2,500 SPONSOR LEVELS

Art Exhibit Sponsor

Keynote Break-Out Session Sponsor

All \$2,500 Sponsors receive:

- Waiting Room Video Intro
- 1 (one) social media mention
- 6 All access Conference registrations

\$1,000 COMMUNITY SPONSOR *Reduced Rate!*

Each Sponsorship Includes the Community Sponsor Benefits.

- Waiting Room Video Intro
- 1 (one) social media mention
- Logo will be included on pre-emails
- Full Page Color Ad in Digital Program Book
- Exhibitor Package including a dedicated, customized Virtual Booth in the Exhibitor Hall, Office Hours, Contact Us Form, logo on Scavenger Hunt and logo and link on the MAR webpage until the end of 2021
- 4 All access Conference registrations

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.*



2021 SPONSOR AGREEMENT

PLEASE SELECT YOUR SPONSOR LEVEL:

- | | |
|---|--|
| <input type="checkbox"/> Premier Conference Sponsor \$10,000 | <input type="checkbox"/> Health and Wellness Sponsor \$5,000 |
| <input type="checkbox"/> Keynote Sponsor \$7,500 | <input type="checkbox"/> Networking Hall Sponsor \$5,000 |
| <input type="checkbox"/> Digital Inside Front Cover Sponsor \$7,500 | <input type="checkbox"/> Refresher Breaks Sponsor \$5,000 |
| <input type="checkbox"/> Digital Inside Back Cover Sponsor \$7,500 | <input type="checkbox"/> Scavenger Hunt Sponsor \$5,000 |
| <input type="checkbox"/> Backstage Pass Sponsor \$5,000 | <input type="checkbox"/> Art Exhibit Sponsor \$2,500 |
| <input type="checkbox"/> CEU Helpdesk Sponsor \$5,000 | <input type="checkbox"/> Keynote Break-Out Session Sponsor \$2,500 |
| <input type="checkbox"/> Conference Evaluation Sponsor \$5,000 | <input type="checkbox"/> Community Sponsor \$1,000 |
| <input type="checkbox"/> EXPO Hall Sponsor \$5,000 | |

Contact Us to discuss a customized sponsorship package.

SPONSOR AGREEMENT

PLEASE COMPLETE THE FOLLOWING INFORMATION:

Total Fee: \$ _____ (based on selection above)

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 attendee registration?

Name: _____

Email: _____

PAYMENT OPTIONS (Full payment due by May 1, 2021):

- 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 to vperry@milestones.org.

Please call Vanetta Perry at 216.464.7600 ext. 113 with any questions.

Please review the attached contract and return with your signature.