The Ohio Council of Behavioral Health & Family Services Providers

**2020 Ohio Council Virtual Training Schedule**

**Sponsorship Form**

***October – November 2020***

Wednesday, October 14th, 3pm-4:30pm

Friday, October 23rd, 9am-12pm

Thursday, October 29th, 9am-12pm

Friday, November 6th, 9am-12pm

Complete the following information and return by **October 7th** to:

**Brenna Whiteside**

The Ohio Council of Behavioral Health & Family Services Providers

Email: whiteside@theohiocouncil.org

***Pre-payment is not required, but a completed application must be received.***

The following information will be used in marketing materials and distributed to training attendees.

Company/Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City/State/Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Website: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company Representative(s):

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Description of Company Product/Service (please limit to 100 words or less; prefer in attached Word file):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| The Ohio Council of Behavioral Health & Family Services Providers**2020 Ohio Council Virtual Training Schedule****Sponsorship Form*****October – November 2020***Wednesday, October 14th, 3pm-4:30pmFriday, October 23rd, 9am-12pmThursday, October 29th, 9am-12pmFriday, November 6th, 9am-12pm |
| Sponsorship Levels | Fee |
| ***Gold Sponsor – $2,400***Package includes the following:* Special communication recognizing your company as a Gold Sponsor of the 2020 Ohio Council Virtual Training Schedule
* Company advertisement on website
* Company logo in marketing materials and on website
* Company logo recognition in PowerPoint during all virtual training events
* Three (3) complimentary registrations, which includes access to all sessions (professional continuing education credit will be awarded).
* List of registrants will be provided in electronic format prior to each virtual training.
* List of attendees will be provided in electronic format after each virtual training.
 | ❑ $2,400 |
| ***Silver Sponsor – $1,500***Package includes the following:* Company logo in marketing materials and on website
* Company logo recognition in PowerPoint during all virtual training events
* Two (2) complimentary registrations, which includes access to all sessions (professional continuing education credit will be awarded).
* List of registrants will be provided in electronic format prior to each virtual training.
* List of attendees will be provided in electronic format after each virtual training.
 | ❑ $1,500 |

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| ***Bronze Sponsor (formerly Exhibitor) – $6000***Package includes the following:* One (1) complimentary registration, which includes access to all sessions (professional continuing education credit will be awarded).
* List of registrants will be provided in electronic format prior to each virtual training.
* List of attendees will be provided in electronic format after each virtual training.
 | ❑ $600 |
| TOTAL AMOUNT DUE | $ |

Invoices will be sent electronically via Intuit/QuickBooks.

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Authorized Signature Date

Print: Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Company/Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Phone/Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_