The Ohio Council of Behavioral Health & Family Services Providers

**2019 Annual Conference Sponsor/Exhibit Form**

***Two-Day Exhibit Hall – October 17 & 18, 2019***

Marriott Columbus University Area

3100 Olentangy River Rd – Columbus, OH 43202

(614) 447-9777 – [www.marriottcolumbusuniversityarea.com](http://www.marriottcolumbusuniversityarea.com)

Complete the following information and return by **September 10, 2019** to:

**Brenna Whiteside**

The Ohio Council of Behavioral Health & Family Services Providers

35 E. Gay Street – Suite 401 Columbus, Ohio 43215-3138

Phone: (614) 228-0747 Fax: (614) 228-0740

Email: [whiteside@theohiocouncil.org](mailto:whiteside@theohiocouncil.org)

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

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

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

Street: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City/State/Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Representatives(s) who will attend and exhibit:

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

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

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

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

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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  **2019 Annual Conference Sponsorship Levels**  **October 17 & 18, 2019**  Marriott Columbus University Area – Columbus, Ohio | |
| Sponsorship Packages | Fee |
| ***Platinum Sponsor – $6,500 (Exclusive Sponsorship)***  Package includes the following:   * Opportunity to have a speaking role in the program * Sponsor of the Annual Awards Luncheon with special recognition and reserved table * Company logo on conference bag or other give-away item (*must receive company logo by 8/30/19*) * Company logo on special signage at event (banner at registration) * Special communication recognizing your company as the Platinum Sponsor of the conference * Company advertisement (full page color ad) on conference website * Company logo in printed conference materials and on conference website * Company logo recognition in PowerPoint during all general sessions * Prime location in exhibit hall during the event – one 6’ covered table and chairs will be provided; audio visual equipment will not be provided *(Exhibitor will need to order directly from the hotel. Appropriate paperwork will be provided.*) * Five (5) complimentary registrations, which include all meal functions and opportunity to attend all educational sessions (professional continuing education credit will be awarded). NOTE: *Each additional registrant will be charged $150 to cover meal expenses.* * List of registrants will be provided in electronic format prior to the conference. * List of attendees will be provided in electronic format after the conference.   ***Gold Sponsor – $2,900***  Package includes the following:   * Sponsor of a meal with verbal & program recognition (more than one sponsor per meal could apply)   Select One:  \_\_\_\_\_ 10/17/19 Continental Breakfast  \_\_\_\_\_ 10/17/19 Networking Reception  \_\_\_\_\_ 10/18/19 CEO Breakfast Roundtable Discussion  \_\_\_\_\_ 10/18/19 Hot Breakfast Buffet  \_\_\_\_\_ 10/18/19 Lunch   * Company logo on special signage at event (banner at registration) * Special communication recognizing your company as a Gold Sponsor of the conference * Company advertisement (full page color ad) on conference website * Company logo in printed conference materials and on conference website * Company logo recognition in PowerPoint during all general sessions * Prime location in exhibit hall during the event – one 6’ covered table and chairs will be provided; audio visual equipment will not be provided *(Exhibitor will need to order directly from the hotel. Appropriate paperwork will be provided.*) * Four (4) complimentary registrations, which include all meal functions and opportunity to attend all educational sessions (professional continuing education credit will be awarded). NOTE: *Each additional registrant will be charged $150 to cover meal expenses.* * List of registrants will be provided in electronic format prior to the conference. * List of attendees will be provided in electronic format after the conference.   ***Silver Sponsor – $1,800***  Package includes the following:   * Sponsor of a break with verbal & program recognition (more than one sponsor per break could apply)   Select One:  \_\_\_\_\_ 10/17/19 Morning Refreshment Break  \_\_\_\_\_ 10/17/19 Afternoon Refreshment Break  \_\_\_\_\_ 10/18/19 Morning Refreshment Break  \_\_\_\_\_ 10/18/19 Afternoon Refreshment Break   * Company logo on special signage at event (banner at registration) * Company advertisement (half-page color ad) on conference website * Company logo in printed conference materials and on conference website * Company logo recognition in PowerPoint during all general sessions * Prime location in exhibit hall during the event – one 6’ covered table and chairs will be provided; audio visual equipment will not be provided *(Exhibitor will need to order directly from the hotel. Appropriate paperwork will be provided.*) * Three (3) complimentary registrations, which include all meal functions and opportunity to attend all educational sessions (professional continuing education credit will be awarded). NOTE: *Each additional registrant will be charged $150 to cover meal expenses.*) * List of registrants will be provided in electronic format prior to the conference. * List of attendees will be provided in electronic format after the conference.   ***Sponsor of Surprise Special Guests – $1,200***  Package includes the following:   * Sponsor of surprise special guests with verbal & program recognition (more than one sponsor could apply) * Company logo on special signage * Company advertisement (half-page color ad) on conference website * Company logo recognition in PowerPoint during all general sessions * Exhibit opportunity during the two-day event – one 6’ covered table and chairs will be provided; audio visual equipment will not be provided *(Exhibitor will need to order directly from the hotel. Appropriate paperwork will be provided.*) * Two (2) complimentary registrations, which includes all meal functions and opportunity to attend all educational sessions (professional continuing education credit will be awarded). NOTE: *Each additional registrant will be charged $150 to cover meal expenses.*) * List of registrants will be provided in electronic format prior to the conference. * List of attendees will be provided in electronic format after the conference.   ***Exhibitor – $750***  Package includes the following:   * Company name listed as an exhibitor on conference signage * Exhibit opportunity during the two-day event – one 6’ covered table and chairs will be provided; audio visual equipment will not be provided *(Exhibitor will need to order directly from the hotel. Appropriate paperwork will be provided.*) * One (1) complimentary registration, which includes all meal functions and opportunity to attend all educational sessions (professional continuing education credit will be awarded). NOTE: *Each additional registrant will be charged $150 to cover meal expenses.* * List of registrants will be provided in electronic format prior to the conference. * List of attendees will be provided in electronic format after the conference.   ***Advertisement Only – $250***  Package includes the following:   * Half-page full-color advertisement on conference website | ❑ $6,500  ❑ $2,900  ❑ $1,800  ❑ $1,200  ❑ $750  ❑ $250 |
| TOTAL AMOUNT DUE | $ |

Please select your method of payment below:

❑ [Click here](https://conference.theohiocouncil.org/2019-annual-conference-sponsorship-form/) to pay electronically ❑ Check Enclosed ❑ Send Invoice

Checks should be payable and sent to:

The Ohio Council of Behavioral Health & Family Services Providers

35 E. Gay Street – Suite 401 Columbus, Ohio 43215-3138

NOTE: All exhibit tables will be pre-assigned during the two-day exhibit hall. Exhibitors will need to stay at their assigned table throughout the conference. NO EXCEPTIONS! Table assignments will be based on the following:

* Level of sponsorship
* Date of application received (***Pre-payment is not required, but a completed form must be received***.)

Please indicate below which day(s) you will be exhibiting:

❑ I will participate on Thursday, October 17 **AND** Friday, October 18, 2019.

❑ I will participate on Thursday, October 17, 2019.

❑ I will participate on Friday, October 18, 2019.

**CANCELLATION POLICY**: ***The deadline for cancellations is September 17, 2019.*** No refunds will be made after this date. No-shows are obligated to pay the full exhibit/sponsorship fee.

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Authorized Signature Date

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

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

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

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