



***Autism in the Family:  
Families and Professionals Caring & Coping Together***

**2016 Sponsor and Exhibitor  
Opportunities and Registration**

**April 16, 2016**

**River Road United Methodist Church  
8800 River Road  
Richmond, VA**

## **Sponsor Opportunities**

### **Gold Level - \$1000**

- \*Name and Logo on Easel at Continental Breakfast
- \*Sponsor Acknowledgement in Morning Announcements
- \*Listed as Gold Sponsor in Promotional Materials
- \*Full Page Ad in Conference Program
- \*Complimentary Exhibit Table (includes 1 registration)
- \*2 Additional Complimentary Registrations

### **Silver Level - \$500**

- \*Sponsor Acknowledgement in Morning Announcements
- \*Listed as Silver Sponsor in Promotional Materials
- \*Half Page Ad in Conference Program
- \*Complimentary Exhibit Table (includes 1 registration)
- \*1 Additional Complimentary Registration

### **Bronze Level - \$250**

- \*Sponsor Acknowledgement in Morning Announcements
- \*Listed as Bronze Sponsor in Promotional Materials
- \*Quarter Page Ad in Conference Program
- \*Complimentary Exhibit Table (includes 1 registration)

## **Exhibitor Opportunities**

For each exhibitor, one complimentary exhibit table and 2 chairs are provided. Exhibitor Registration includes ONE complimentary registration to the conference presentations. Please see the cost below to add additional staff for exhibitor registration.

For Profit Vendor/Exhibitor	\$100
Non-Profit Exhibitor	\$ 75
Each Additional Staff Representative	\$ 55

*Autism in the Family:*  
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**Sponsor & Exhibitor Registration**

Organization: \_\_\_\_\_

Exhibitor's Name (s): \_\_\_\_\_

Contact Name: \_\_\_\_\_

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

Address: \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Sponsorship Level (circle one):**

Gold	\$1000
Silver	\$500
Bronze	\$250
Sub Total	\$ _____

**Exhibitor Options:**

For Profit	\$100
Non-Profit	\$75
Additional Representatives _____ (#)	\$55 each
Sub Total	\$ _____

**Total Amount Due** \$ \_\_\_\_\_

**Paid By:**  Check  MasterCard  Visa

**Card Number:** \_\_\_\_\_

**Exp. Date:** \_\_\_\_\_ / \_\_\_\_\_ (mm/yyyy) **CVV#** \_\_\_\_\_ (security code on back)

**Name on Card:** \_\_\_\_\_ **Zipcode:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Make check payable to: Autism Society Central Virginia**

**Return this form to us in one of the following ways:**

EMAIL – [outreach@ascv.org](mailto:outreach@ascv.org)

MAIL - ASCV, 200 South 3<sup>rd</sup> Street, Richmond, VA 23219

FAX – 804.290.0286

Please forward your logo/ad if applicable to [outreach@ascv.org](mailto:outreach@ascv.org).

Please note in order to be included on all printed materials, the sponsorship deadline is Friday, April 1, 2016. We cannot guarantee your logo/name will be included on certain printed material after this deadline.