Inspiring Hope Conference

October 10, 2019
Check In Starts at 8:30am
Chase Center Wilmington, DE

NAMI Delaware
The Inspiring Hope Conference is Delaware’s leading mental health focused conference. The conference brings together our Delaware community and beyond the state to focus on innovations, resources, and emerging strategies for mental health.

We invite you to sponsor, exhibit, and advertise at our event. **Your support makes this event possible and promotes your name and brand to individuals, treatment providers, corporate leaders and policymakers throughout the state.**

**Attendees Include:**
- Educators
- Community Members
- Healthcare Professionals
- Mental Health Professionals
- Criminal Justice/Law Enforcement
- Family Members and Loved Ones
- People Living with Mental Illness

**2018 Highlights**
- 400+ Attendees
- 100+ CE Certificates Given
- 50+ Exhibitors/Sponsors

"I always expand and enhance my understanding of the mental health field at this conference. I appreciate the chance to reconnect with old friends while making new ones among people with mental health conditions, their families and friends and so many caring and compassionate service providers. I leave feeling refreshed personally and professionally."

- Marilyn, 2018 Attendee
<table>
<thead>
<tr>
<th>SPONSORSHIP PACKAGES</th>
<th>Premier $10,000</th>
<th>Platinum $7,500</th>
<th>Presenting $4,000</th>
<th>Gold $2,500</th>
<th>Blue $1,000</th>
<th>Yellow $500</th>
</tr>
</thead>
<tbody>
<tr>
<td>Complementary Registrations (includes lunch)</td>
<td>7</td>
<td>6</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Exhibit Table (6ft)</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Website Recognition</td>
<td>Logo</td>
<td>Logo</td>
<td>Logo</td>
<td>Logo</td>
<td>Logo</td>
<td>Name</td>
</tr>
<tr>
<td>Verbal Recognition at Event</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Ad in Program Booklet (8 1/2” x 11”)</td>
<td>Full Page (7.5” x 10”) Full Color</td>
<td>Full Page (7.5” x 10”) Full Color</td>
<td>½ Page (7.25” x 4.5”) Full Color</td>
<td>½ Page (7.25” x 4.5”) Black &amp; White</td>
<td>¼ Page (3.5” x 4.5”) Full Color</td>
<td>¼ Page (3.5” x 4.5”) Black &amp; White</td>
</tr>
<tr>
<td>Signage at Event</td>
<td>Banner</td>
<td>Sign</td>
<td>PowerPoint Slide</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Conference Invitation *if confirmed by 8/3</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Information in Conference Bag</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ADDITIONAL SPONSORSHIP PACKAGES</th>
<th>Breakfast Sponsor $6,000</th>
<th>Mid-Morning Break Sponsor $2,000</th>
<th>Lunch Sponsor $8,500</th>
<th>Afternoon Break Sponsor $5,500</th>
<th>Friends of NAMI DE $200-$499</th>
<th>Education Champion $50</th>
</tr>
</thead>
<tbody>
<tr>
<td>Signage During an Allotted Time Frame</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td>Your contribution will support individuals who otherwise may not be able to attend. As a scholarship contributor, your name will be listed in the conference program booklet</td>
</tr>
<tr>
<td>Opportunity to Address Conference Attendees</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Recognition on Program Booklet</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>Listed as Friends of NAMI</td>
<td></td>
</tr>
</tbody>
</table>
### EXHIBITING PACKAGES

<table>
<thead>
<tr>
<th><strong>Complementary Registrations</strong>&lt;br&gt;(includes lunch)</th>
<th><strong>Inspired Exhibitor</strong>&lt;br&gt;$1,000</th>
<th><strong>Showcase Exhibitor</strong>&lt;br&gt;$500</th>
<th><strong>For-Profit Organization</strong>&lt;br&gt;$250</th>
<th><strong>Non-Profit Organization</strong>&lt;br&gt;$100</th>
<th><strong>Conference Bag Insert Exhibitor</strong>&lt;br&gt;$150</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td></td>
<td>Inclusion of up to 3 promotional materials from your organization.</td>
</tr>
<tr>
<td>Exhibit Table Size&lt;br&gt;8x10 Booth</td>
<td>6ft Table, skirted</td>
<td>6ft Table, skirted</td>
<td>6ft Table, skirted</td>
<td></td>
<td><em>Organization is responsible for creation and printing of materials. All materials due by October 3rd to NAMI Delaware office.</em></td>
</tr>
<tr>
<td>Exhibit Table Placement&lt;br&gt;Front of Exhibit Area</td>
<td>Front of Exhibit Area</td>
<td>Exhibit Area</td>
<td>Exhibit Area</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Listing in Program Booklet</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
</tbody>
</table>

### Important Information and Deadlines:

- **9/15/19-** Sponsor/Exhibitor Final Commitment
- **9/15/19-** Program Ad due to akelly@namide.org
- **9/27/19-** Registration Deadline

Complementary registrations included with packages include lunch for listed number of attendees. Instructions for registration will be sent once sponsorship/exhibiting confirmation is received. Sponsors: one registration should be used for the staff member/representative who will be staffing the table. **If you have additional staff/representatives attending, they need to pay and register by 9/28/19.** All attendees (including representative at exhibit table) are welcome and encouraged to attend presentations.

Unless otherwise indicated, exhibit table placement is at the sole discretion of NAMI Delaware.

Logistical information, including set up instructions, estimated number of attendees, etc. for the conference day will be sent out 1-2 weeks prior to the event. This is a full day conference. Exact timing will be sent with logistical information.

**Contact Amanda Kelly with any questions or concerns: (302) 427-0787 ext.122 or akelly@namide.org**
Thank you for your support of the 2019 NAMI Delaware Inspiring Hope Conference!

By completing the form below, you are confirming your organization's support and involvement in the conference. Please complete and return by September 15, 2019 to ensure all sponsorship benefits you are awarded to your organization.

Organization/Company Name: ________________________________________________
Address: __________________________________________ City: _______________ State: ___ Zip: _____
Contact Name: __________________________________________ Title: __________________________
Contact Phone: __________________________ Contact Email: __________________________

We will support the 2019 NAMI Delaware Conference as a: (please select from the following)

**Sponsorship Packages**
- ○ Premier Sponsor: $10,000
- ○ Platinum Sponsor: $7,500
- ○ Presenting Sponsor: $4,000
- ○ Gold Sponsor: $2,500
- ○ Blue Sponsor: $1,000
- ○ Yellow Sponsor: $500
- ○ I do NOT plan on utilizing the exhibit table provided

**Additional Sponsorship**
- ○ Breakfast Sponsor: $6,000
- ○ Mid-Morning Break Sponsor: $2,000
- ○ Lunch Sponsor: $8,500
- ○ Afternoon Break Sponsor: $5,500
- ○ Friends of NAMI Delaware: $200-$499
- ○ Registration Scholarship: list amount below

**Exhibiting Packages**
- ○ Inspired Exhibitor: $1,000
- ○ Showcase Exhibitor: $500
- ○ Exhibitor, For-Profit Organization: $250
- ○ Conference Bag Insert Exhibitor: $150
- ○ Exhibitor, Non-Profit Organization: $100

**PAYMENT INFORMATION**
Checks made payable to NAMI Delaware

Payment Amount: $ __________________________ Form of Payment: Check Credit Card Please Send Invoice
Card Number: __________________________ Expiration Date: ____/_____ Security Code: ______
Name on Card: __________________________

Return this form with payment and direct all questions to: Amanda Kelly, Operations Manager | akelly@namide.org
Office: (302) 427-0787 ext. 122 | Fax: (302) 427-2075 | Address: 2400 W. 4th Street, Wilmington DE 19805