**Exhibitor-Sponsor Prospectus**

**2025 Annual Statewide Conference and Awards Ceremony**

**August 28-29, 2025**

**Renaissance Columbus Westerville-Polaris Hotel**

409 Altair Parkway, Westerville, OH 43082

**Application and Payment Deadline: Friday, July 25, 2025**

Dear Potential Exhibitor and/or Sponsor,

 The **Ohio Chapter of the National Association of Pediatric Nurse Practitioners (NAPNAP)** invites you to join us as an exhibitor and/or sponsor at our *2025 Annual Statewide Conference and Awards Ceremony*, to be held **August 28-29, 2025**, at the Renaissance Columbus Westerville-Polaris Hotel in Westerville, Ohio. We value our exhibitors and sponsors as essential partners in making this annual event a success and welcome the opportunity to collaborate on an exhibitor and sponsorship experience tailored to your company’s or organization’s strategic goals.

To learn more about our annual conference, including program schedule, hotel accommodations, and shipping-receiving procedures, please visit Ohio NAPNAP’s website: [Annual Statewide Conference](https://ohionapnap.org/annual-statewide-conference/) and [Become Our Event Partner](https://ohionapnap.org/conference-event-partners/). If you have any questions or need assistance in planning your participation, please [contact us](https://ohionapnap.org/contact/) (via our website) or email us at info@ohionapnap.org.

Thank you for your interest in the exhibiting, sponsorship, and advertising opportunities for promoting your products and services at our upcoming event. We look forward to working with you!

*Ohio Chapter of the National Association of Pediatric Nurse Practitioners*

[www.ohionapnap.org](https://ohionapnap.org/)

### **About the Ohio Chapter of NAPNAP**

The Ohio Chapter is the **founding and largest state chapter** of NAPNAP, representing more than **400 members** across the state. Since 1973, NAPNAP has been a national leader, advancing the health of infants, children, adolescents, and young adults. We are committed to sustaining a strong, active organization that leads efforts to improve the quality of pediatric health care throughout Ohio. Our chapter supports members and pediatric-focused professionals through education, leadership, networking, and advocacy – empowering pediatric experts to improve child health outcomes statewide and beyond. We achieve this by promoting and supporting professional development; advocating for pediatric patients and the nursing profession; and fostering collaboration among providers, educators, researchers, and leaders in pediatric health.

* **Our Vision:** All children deserve quality health care and the opportunity to grow and thrive in a safe, supportive environment.
* **Our Mission:** To optimize pediatric health and empower a community of pediatric experts.

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### **About Our Members and Conference Attendees**

Our annual conference brings together pediatric nurse practitioners and other pediatric-focused professionals from across Ohio, including family nurse practitioners, clinical nurse specialists, nurse leaders, educators, and researchers with advanced education and training. Attendees work in a variety of settings – hospitals, primary care offices, specialty and community health clinics, schools, and academic institutions – and provide evidence-based care to infants, children, adolescents, and young adults. Many serve as key decision-makers in health care delivery, education, and research, and are strong advocates for pediatric patients and their families. This conference offers a unique opportunity to connect with highly engaged, influential pediatric providers and leaders who are actively shaping the future of pediatric care in Ohio and beyond.

**Geographic Distribution of Members: Ohio Chapter**



*Note*. This figure depicts major regions in Ohio where our members are located as of April 6, 2025.

“Other” represents members, including student members, who reside outside of Ohio.

**Sponsorship and Exhibitor Opportunities**

We invited you to participate in our *2025 Annual Statewide Conference* through a variety of sponsorship and exhibitor options (see *Exhibitor-Sponsorship Levels*). Sponsors and exhibitors may receive exhibit access, promotional opportunities, and dedicated time with attendees during scheduled breaks – in accordance with NAPNAP’s [Continuing Education Guidelines](https://www.napnap.org/wp-content/uploads/Continuing-Education-Guidelines-2025_final-file-w_appendices.pdf) and the [Pharmaceutical Research and Manufacturers of America (PhRMA) Code on Interactions With Healthcare Professionals](https://phrma.org/resources/code-on-interactions-with-health-care-professionals). Additional sponsorship opportunities are available, including support for speakers, meals, and refreshment breaks.

**Letter of Request, W-9 Form, and Conference Agenda**

If you require a letter of request or a copy of our W-9 form, please [contact us](https://ohionapnap.org/contact/) (via our website) or email us directly at info@ohionapnap.org. The conference agenda is available via our [conference webpage](https://ohionapnap.org/ohio-napnap-conference-2025/).

**Exhibitor-Sponsorship Levels**

| **Level 1****Premier Partner****$5,000+** | **Level 2****Signature Exhibitor-Sponsor****$2,500** | **Level 3** **Supporting Exhibitor-Sponsor****$1,500** | **Level 4****Virtual Ally or Nonprofit****$500** |
| --- | --- | --- | --- |
| * **Two-Day Exhibit Opportunity:** Connect with nurse practitioners and pediatric-focused professionals from across Ohio by showcasing your products or services at our in-person conference on August 28-29, 2025.
* **Premium-Sized Exhibit Space:** Up to **three (3) exhibit tables** (upon advanced request), including one 6-foot exhibit table with the option to add up to two additional tables (includes table drape, chairs, and trashcan).
* **Prime Exhibit Location:** Exhibit table(s) placed in a high-traffic, dedicated exhibit area to provide maximum visibility and accessibility.
* **Inclusion in Conference Swag Bag:** Opportunity to include **full-size or larger promotional items** and up to **three (3) printed inserts** in attendee conference bags.
* **Access to Targeted Attendee List:** Receive a list of attendees who opt-in for **pre- and post-conference** outreach.
* **Participation in Exhibit Traffic-Building Activity:** Engage with attendees through a fun, conference-wide incentive designed to boost exhibit traffic.
* **On-Site Verbal Acknowledgment and Appreciation:** Receive **three (3)** real-time, onsite verbal recognition announcements during the conference.
* **Enhanced Logo Visibility:** Larger logo featured in both the digital and printed conference program, accessible to all attendees.
* **Extended Website Recognition:** Your logo (linked to your website) will be displayed on the Ohio NAPNAP website and official conference webpage **before**, **during**, and for **twelve (12) months** afterthe conference.
* **Enhanced Newsletter Exposure:** Receive a dedicated full-page, full-color ad featured in **three (3)** Ohio NAPNAP newsletters (pre- and post-conference): **Summer 2025**, **Fall 2025**, *and* **Spring 2026**.
* Maximum Ad Size: 8.5” x 11”

(standard letter size).**Additional Perks:*** **Speaking Opportunity** (upon advance request): One member of your exhibit team may briefly promote your company (up to 5 minutes) during the conference’s opening or closing session.
* **Social Media Recognition:** Your company or organization will receive featured mentions on Ohio NAPNAP’s social media platforms **before**, **during**, and **after** the conference.
* **Complementary Meals and Beverages for Exhibit Team** (upon advance request): Up to **ten (10)** exhibit team members will receive complimentary meals (e.g., breakfast, lunch, dinner, snacks) and non-alcoholic beverages throughout the two-day conference.
* **One Complementary Two-Day Conference Registration** (upon advance request)**:** One (1) exhibit team member may attend the **full conference** on **August 28-29, 2025** (Thursday and Friday).

Pre-registration is required by the stated deadline; on-site registration will not be available. A complimentary registration code will be provided upon request. | * **Two-Day Exhibit Opportunity:** Connect with nurse practitioners and pediatric-focused professionals from across Ohio by showcasing your products or services at our in-person conference on August 28-29, 2025.
* **Double-Sized Exhibit Space:** Up to **two (2) exhibit tables** (upon advanced request), including one 6-foot exhibit table with the option to add one additional table (includes table drape, chairs, and trashcan).
* **Better Exhibit Location:** Exhibit table(s) placed for strong visibility and convenient accessibility within the dedicated exhibit area (based on availability).
* **Inclusion in Conference Swag Bag:** Opportunity to include **sample size promotional items** and up to **two (2) printed inserts** in attendee conference bags.
* **Access to Targeted Attendee List:** Receive a list of attendees who opt-in for **post-conference** outreach.
* **Participation in Exhibit Traffic-Building Activity:** Engage with attendees through a fun, conference-wide incentive designed to boost exhibit traffic.
* **On-Site Verbal Acknowledgment and Appreciation:** Receive **one (1)** real-time, onsite verbal recognition during the conference.
* **Logo Visibility:** Your logo will be featured in both the digital and printed conference program, accessible to all attendees.
* **Website Recognition:** Your logo (linked to your website) will be displayed on the Ohio NAPNAP website and official conference webpage **before**, **during**, and for **six (6) months** afterthe conference.
* **Additional Newsletter Exposure:** Receive a half-page, full-color ad featured in **two (2)** Ohio NAPNAP newsletters: **Summer 2025** (pre-conference) and **Fall 2025** *or* **Spring 2026** (post-conference).
* Maximum Ad Size: 8.5” x 5.5”

(half of a standard letter size).**Additional Perks:*** **Complementary Meals and Beverages for Exhibit Team** (upon advance request): Up to **five (5)** exhibit team members will receive complimentary meals (e.g., breakfast, lunch, dinner, snacks) and non-alcoholic beverages throughout the two-day conference.
* **One Complementary One-Day Conference Registration** (upon advance request): **One (1)** exhibit team member may attend the conference on **August 29, 2025** (Friday only).

Pre-registration is required by the stated deadline; on-site registration will not be available. A complimentary registration code will be provided upon request. | * **One-Day Exhibit Opportunity:** Connect with nurse practitioners and pediatric-focused professionals from across Ohio by showcasing your products or services at our in-person conference on August 29, 2025.
* **Standard Exhibit Location:** Exhibit table located in dedicated exhibit area.
* **Standard Exhibit Space:** **One (1) exhibit table** (includes 6-foot table, table drape, chairs, and trashcan).
* **Inclusion in Conference Swag Bag:** Opportunity to include **one (1) printed insert** in attendee conference bags.
* **Participation in Exhibit Traffic-Building Activity:** Engage with attendees through a fun, conference-wide incentive designed to boost exhibit traffic.
* **Acknowledgment and Appreciation:** Your company or organization’s **name** will be featured alongside other exhibitors and sponsors in the digital conference program, on the Ohio NAPNAP website, and on the official conference webpage **before**, **during**, and for **three (3) months** afterthe conference.
* **Standard Newsletter Exposure:** Your company or organization’s **name** (without logo) will appear alongside other exhibitors and sponsors in **one (1)** Ohio NAPNAP newsletter (post-conference).

**Additional Perks:*** **Complementary Meals and Beverages for Exhibit Team** (upon advance request): Up to **two (2)** exhibit team members will receive complimentary meals (e.g., breakfast, lunch, snacks) and non-alcoholic beverages throughout the one-day conference.
 | * **Inclusion in Conference Swag Bag:** Opportunity to include **sample-size promotional items** and up to **two (2) printed inserts** in attendee conference bags.
* **Acknowledgment and Appreciation:** Your company or organization’s **name** (without logo) will appear alongside other exhibitors and sponsors in the digital conference program, on the Ohio NAPNAP website, and on the official conference webpage **before**, **during**, and for **three (3) months** afterthe conference.
* **Standard Newsletter Exposure:** Your company or organization’s **name** (without logo) will appear alongside other exhibitors and sponsors in **one (1)** Ohio NAPNAP newsletter (post-conference).

**Virtual Sponsor Only:** This level does *not* include an exhibit table or any in-person opportunities.**Nonprofit Exhibitor Only:** Includes **all benefits listed under Level 3 (Supporting Exhibitor-Sponsor)**, with the following **exception**: * **Complimentary Meals and Beverages for Exhibit Team Member** (upon advance request): **One (1)** exhibit team member will receive complimentary meals (e.g., breakfast, lunch, snacks) and non-alcoholic beverages throughout the one-day conference.
 |

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**Additional Sponsorship Opportunities**

All additional sponsorship opportunities will receive promotional visibility and other benefits based on their support level, ranging from those outlined in Level 1 (Premier Partner) to Level 4 (Virtual Ally). Please [contact us](https://ohionapnap.org/contact/) (via our website) or email us info@ohionapnap.org to explore available options and discuss specific benefits and pricing. Sponsorship benefits may include inclusion in conference swag bag, access to targeted attendee list, and acknowledgment and recognition through our website, conference program materials, and newsletter.

**Conference Swag Bags**

**Exclusive Sponsor: $1,000** (limited to one (1) sponsor)

**Co-Sponsor: $500** (minimum of two (2) co-sponsors required)

Each attendee will receive a reusable bag to carry materials throughout the conference. The bags will feature your company’s or organization’s logo alongside the Ohio Chapter’s logo, and in the case of co-sponsorship, all participating sponsor logos will be included – providing extended visibility both during and after the event. *Please note: The co-sponsor option will only be available if there is a minimum commitment of two sponsors. If that threshold is not met, we will contact you to discuss alternate opportunities or issue a refund.*

**Conference Speaker: Price Varies\***

Help bring expert voices and educational content to our conference by sponsoring a speaker’s podium presentation. Contact us directly to explore available options and discuss specific benefits and pricing.

**\*Based on availability (usually reserved for Level 1 (Premier Partner) exhibitors and sponsors).**

**Conference Meal Packages: Price Varies**

Gain visibility by sponsoring a conference meal. Sponsors will be recognized with on-site signage and program mentions as key contributors to this well-loved aspect of the event. Available sponsorship opportunities include:

* **Dinner** (Thursday, August 28, 2025).
* **Dessert** (Awards Ceremony – Thursday, August 28, 2025).
* **Breakfast** (Friday, August 29, 2025).
* **Lunch** (Friday, August 29, 2025).

**Refreshment Break Packages: Price Varies**

Refreshments breaks are a favorite among our attendees! Sponsorship also includes recognition through signage at the refreshment station. Available sponsorship opportunities include:

* **Morning Break** (Friday, August 29, 2025).
* **Afternoon Break** (Friday, August 29, 2025).
* **Beverage Packages: Half-Day/Full-Day** (Thursday, August 28-Friday, August 29, 2025).

**Technology Packages: Price Varies (Minimum: $500-$4,500)**

Support conference connectivity and engagement by sponsoring technology, such as audiovisual equipment, on-site tech support, or WiFi access for attendees. Contact us directly to explore available options and pricing.

**Exhibitor-Sponsorship Agreement**

**2025 Annual Statewide Conference and Awards Ceremony**

**Application and Payment Deadline: Friday, July 25, 2025**

**Terms and Conditions**

Please review the following information carefully. By submitting this application as an exhibitor and/or sponsor, you acknowledge and agree to comply with these terms and conditions:

* **Application and Acceptance:** Opportunities are limited and available on a first-come, first-served basis. Ohio NAPNAP reserves the right to accept or reject any application at its sole discretion. Applications are evaluated based on alignment with the mission and goals of Ohio NAPNAP, the professional or educational value of the products and/or services, and space availability. A binding agreement is established upon Ohio NAPNAP’s acceptance of the application and full payment. Confirmation of acceptance will be sent via email within seven (7) days of receipt of application and payment. Please ensure emails from info@ohionapnap.org and napnapohio@gmail.com are not blocked by your spam filter or firewall.
* **Payment:** Full payment is required with your application and must be received by the stated deadline. Failure to provide payment by the deadline may result in loss of the opportunity. Accepted payment methods: Visa, Mastercard, American Express, and Discover, and Link (U.S. bank accounts). Check payments are also accepted. Contact Ohio NAPNAP at info@ohionapnap.org for mailing details.
* **Exhibit Hours, Setup, and Breakdown:** Exhibits will be placed in a high-traffic area near the main educational session space. Exhibitor activities must remain within their assigned space. Exhibit setup and breakdown times depend on your exhibitor-sponsorship level and are subject to change based on the final program schedule:

**Thursday, August 28, 2025:**

* Exhibitor Set-Up Hours: 5:00-6:00 p.m.
* Exhibit Hours: 6:00-9:00 p.m. (see program schedule).
* Exhibitor Breakdown Hours: 8:30-9:30 p.m.

**Friday, August 29, 2025:**

* Exhibitor Set-Up Hours: 6:00-7:00 a.m.
* Exhibit Hours: 7:00 a.m.-4:15 p.m. (see program schedule)
* Exhibitor Breakdown Hours: 4:15-5:15 p.m.
* **Exhibit Space Materials, WiFi, and Shipping/Receiving:** Exhibitors and sponsors will be provided with exhibit materials according to their respective exhibitor-sponsorship level, which may include the following: a minimum of one (1) 6-foot skirted table, two chairs, a trash can, and complimentary hotel WiFi access. Layout and location of exhibit spaces may be modified at the discretion of Ohio NAPNAP.
	+ Exhibitors and sponsors are responsible for all shipping and handling of materials and promotional items. To ensure inclusion in attendee conference bags, all items must be received no later than **August 1, 2025**.
* **Logos and Promotional Ads:** Logos and promotional advertisements must be **high-resolution (300 dpi)** and **press-ready** in **PDF or JPG format**. To ensure inclusion in the event’s promotional materials, including the **conference program, newsletters, and other advertising**, please submit all files by **August 1, 2025**, to info@ohionapnap.org.
* Exhibitors and sponsors must adhere to the [PhRMA Code on Interactions With Healthcare Professionals](https://phrma.org/resources/code-on-interactions-with-health-care-professionals).
* Any continuing education (CE) sponsorships must comply with NAPNAP’s [Continuing Education Guidelines](https://www.napnap.org/wp-content/uploads/Continuing-Education-Guidelines-2025_final-file-w_appendices.pdf).
* Private functions during scheduled conference sessions or events are not permitted.
* **Cancellation Policy:** All exhibitor and sponsorship fees are non-refundable, including cancellations and no-shows. If the event is rescheduled or reformatted for any reason, payments will be retained and applied unless otherwise agreed. If the event is cancelled due to unforeseen circumstances (e.g., low registration, illness outbreak, and natural disasters), Ohio NAPNAP will determine an equitable refund based on incurred expenses and obligations.
* **Liability and Insurance:** Ohio NAPNAP, NAPNAP, Inc, and the Renaissance Columbus Westerville-Polaris Hotel are not responsible for damage, loss, or failure of materials to arrive. Exhibitors and sponsors must maintain insurance adequate to cover any liabilities or claims related to their participation and provide proof of coverage upon request.
* **Communication and Contact:** All communications will be directed to the primary contact listed on the application. Ohio NAPNAP will not correspond with additional representatives – please ensure your designated contact information is current and accurate. All attendee communications, including emails and mailings, referencing the conference must either: promote your presence at the event in advance, or serve as a follow-up to attendees after the conference.

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I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of primary contact person), as an authorized representative of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name and address of company or organization), agree to exhibit and/or sponsor the *2025 Annual Statewide Conference* of the Ohio Chapter of the National Association of Pediatric Nurse Practitioners (“Ohio NAPNAP”), to be held in-person at the Renaissance Columbus Westerville-Polaris Hotel located in Westerville, Ohio, as indicated below by the selected exhibitor-sponsorship level. I understand and agree that this agreement is with Ohio NAPNAP and *not* with the National Association of Pediatric Nurse Practitioners, Inc. I further agree to waive any and all claims against Ohio NAPNAP and the National Association of Pediatric Nurse Practitioners, Inc.

**Exhibitor-Sponsorship Level**

Please indicate the desired exhibitor-sponsorship level:

**[ ]  Level 1 (Premier Partner): $5,000**

**[ ]  Level 2 (Signature Exhibitor-Sponsor): $2,500**

**[ ]  Level 3 (Supporting Exhibitor-Sponsor): $1,500**

**[ ]  Level 4 (Virtual Ally or Nonprofit): $500**

**[ ]  Additional Sponsorship: $** \_\_\_\_\_\_\_\_\_\_ (please describe additional sponsorship opportunity):

**Exhibit Table Request**

Please indicate the number of exhibit tables you are requesting, if applicable, based on your exhibitor or sponsorship level:

**[ ]  0** (zero) No Exhibit Table

**Level 1 (Premier Partner):** May request up to **three (3)** exhibit tables.

**Level 2 (Signature Exhibitor-Sponsor):** May request up to **two (2)** exhibit tables.

**Level 3 (Supporting Exhibitor-Sponsor):** May request up **one (1)** exhibit table.

**Level 4 (Nonprofit):** May request up **one (1)** exhibit table.

**Level 4 (Virtual Ally):** Not Applicable.

**[ ]  1** (one) Exhibit Table

**[ ]  2** (two) Exhibit Tables

**[ ]  3** (three) Exhibit Tables

**[ ]  NA** (not applicable)

**Exhibit Team Meal Request**

Please indicate the number of exhibit team members requesting complimentary meals and beverages, based on your exhibitor or sponsorship level. **Kindly notify Ohio NAPNAP** (info@ohionapnap.org) **if any exhibit team members have dietary restrictions or food allergies.**

**Level 1 (Premier Partner):** May request meals/beverages up to **ten (10)** exhibit team members.

**Level 2 (Signature Exhibitor-Sponsor):** May request meals/beverages up to **five (5)** exhibit team members.

**Level 3 (Supporting Exhibitor-Sponsor):** May request meals/beverages up to **two (2)** exhibit team members.

**Level 4 (Nonprofit):** May request meals/beverages up to **one (1)** exhibit team member.

**Level 4 (Virtual Ally):** Not Applicable.

**Number of Exhibit Team Members Requesting Complimentary Meals and Beverages**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **(total number).**

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**Exhibit Team Member Conference Registration Request\***

Please indicate the number of **complimentary** conference registrations you are requesting, if applicable, based on your exhibitor or sponsorship level:

**Level 1 (Premier Partner):** **One (1)** complimentary **two-day** conference registration.

**Level 2 (Signature Exhibitor-Sponsor):** **One (1)** complimentary **one-day** conference registration.

**Level 3 (Supporting Exhibitor-Sponsor):** Not Applicable.

**Level 4 (Virtual Ally or Nonprofit):** Not Applicable.

**[ ]  0** (zero)

**[ ]  1** (one)

**[ ]  NA** (not applicable)

**Name and Email Address of Exhibit Team Member: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.**

**\***Online registration is required by the stated deadline. Please contact Ohio NAPNAP (info@ohionapnap.org) to request a complimentary registration code.

**Authorized Representative (Primary Contact Person):**

I have read and agree to abide by the terms and conditions outlined above:

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Telephone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Payment**

To submit your credit card payment, please select the appropriate link or scan the QR code corresponding to your chosen exhibitor-sponsorship level. Our Employer Identification Number (EIN) and mailing address for check payments are available upon request. If you have any questions or need assistance with payment, please do not hesitate to contact us.

[**Level 4**](https://buy.stripe.com/fZe8zjew2g6W6e4cN1) **(Virtual Ally or Nonprofit): $500**

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[**Additional Sponsorship Opportunity**](https://buy.stripe.com/4gwdTDdrYf2SaukfZf)

 **$ \_\_\_\_\_\_\_\_\_\_ (amount)**

[**ACH Direct Debit**](https://buy.stripe.com/9B64gAepu5S0cZpe0L73G0k)

An Automated Clearing House (ACH) direct debit payment option is available for all exhibitor and sponsor levels. To use this option, select the **“Bank”** payment method and **manually enter the total dollar amount** owed: <https://buy.stripe.com/9B64gAepu5S0cZpe0L73G0k>

[**Level 1**](https://buy.stripe.com/bIYeXHgEa2g6auk5kA) **(Premier Partner): $5,000**

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[**Level 2**](https://buy.stripe.com/14k16R4Vs4oe1XO28l) **(Signature Exhibitor-Sponsor): $2,500**



[**Level 3**](https://buy.stripe.com/cN27vfew2dYOcCsbIW) **(Supporting Exhibitor-Sponsor): $1,500**

