



## 2023 HEALTHY FAMILIES FESTIVAL SPONSORSHIP OPPORTUNITIES

Sponsorship Level	Amount (\$)	Sponsorship Benefits
Title	\$10,000	<ul style="list-style-type: none"> <li>• Prominent logo placement on event marketing materials and signage</li> <li>• Exclusive recognition as Title sponsor</li> <li>• Verbal acknowledgement during event and the speaking opportunity</li> <li>• Logo placement and link on social media and event website</li> <li>• Exhibitor table</li> </ul>
Thrive	\$7,500	<ul style="list-style-type: none"> <li>• Prominent logo placement on event marketing materials and signage</li> <li>• Exclusive recognition as Thrive sponsor</li> <li>• Logo placement on social media and event website</li> <li>• Exhibitor table</li> </ul>
Wellness	\$5,000	<ul style="list-style-type: none"> <li>• Logo placement on event marketing materials and signage</li> <li>• Recognition as Wellness sponsor</li> <li>• Logo placement on the event website</li> <li>• Exhibitor table</li> </ul>
Vitality	\$2,500	<ul style="list-style-type: none"> <li>• Logo placement on event marketing materials and signage</li> <li>• Recognition as Vitality sponsor</li> <li>• Logo placement and on the event website</li> <li>• Exhibitor table</li> </ul>
Community Partner	\$1,000	<ul style="list-style-type: none"> <li>• Logo placement on event marketing materials and signage</li> <li>• Recognition as Vitality sponsor</li> <li>• Logo placement and on the event website</li> <li>• Exhibitor table</li> </ul>
Exhibitor Only	\$300 (For-profit) \$200 (Non-profit)	<ul style="list-style-type: none"> <li>• Exhibitor table <i>(include 6 foot table and 2 chairs)</i></li> </ul>



## 2023 HEALTHY FAMILIES FESTIVAL SPONSORSHIP FORM

Please complete and return this form to [quinn@pncms.org](mailto:quinn@pncms.org).

<b>Sponsorship Level:</b> (Please list)	
<b>Company:</b>	
<b>Primary Contact:</b> (Full Name + Position)	
<b>Email Address:</b>	
<b>Contact Phone Number:</b>	

<b>BILLING INFORMATION</b>	Select here if you would like an invoice emailed to the address above. <input type="checkbox"/> Yes, please invoice me.
<b>Name on the card:</b>	
<b>Billing Address:</b> (Include city, state, ZIP)	
<b>Card Number:</b>	
<b>Exp Date + Security Code:</b>	
<b>Signature:</b>	