

## 2017 AIM IDEAS SUMMIT REMAINING SPONSORSHIP OPPORTUNITIES

Please select the sponsorship choices your company wishes to support for the 2017 Aim Ideas Summit. You will be notified if your choices are not available. Aim will confirm your selections with the contact person listed on this form with an invoice prior to the event. Please return this completed form to our office by **August 11<sup>th</sup>** to be included in the conference program. Send form with payment to **Aim, 125 West Market Street, Suite 100, Indianapolis, IN 46204** or fax to (317) 237-6206 or email to [atrobaugh@aimindiana.org](mailto:atrobaugh@aimindiana.org)

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*Company Name*

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*Contact Person – Name & Title*

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*Address*

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*City*

*State*

*Zip Code*

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*Telephone*

*Fax*

*Email*

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### 2017 Aim Ideas Summit

*(October 10-12, Old National Events Plaza, Evansville, Indiana)*

<u>Sponsorship Opportunity</u>	<u>Cost</u>	<u># Available</u>
○ <u>Annual Conference Tote Bags</u>	\$2,000	2
○ <u>Registration Memento Gift</u> <i>(Company logo printed on memento passed out to conference attendees upon check-in)</i>	\$2,500	1
○ <u>Presidents’ Reception – Gold Level</u> <i>(Includes complimentary exhibit booth and three additional reception tickets)</i>	\$3,500	3
○ <u>Presidents’ Reception – Silver Level</u> <i>(Includes one complimentary conference registration and two additional reception tickets)</i>	\$1,800	5

- Presidents' Reception – Bronze Level \$800 8  
*(Includes one additional reception ticket)*
- Exhibit Hall Entrance Unit \$1,000 5  
*(Company listing on large sign placed at the entrance of Exhibit Hall)*
- Annual Conference Major Door Prize \$500 4
- Annual Conference Guest/Spouse Program \$250 6
- Commercial Advertisement Video \$1,000 6  
*(Promote your company's products or services with a custom-made video commercial set up to play on TV screens strategically located in the conference area. Sponsor must provide commercial to Aim in approved video format.)*
- Health Screening Station \$2,500 1  
*(Ideal opportunity for wellness programs or onsite health clinic-related companies to promote your programs or services with a custom-made station that allows for one-on-one time with elected officials providing basic wellness screening techniques or information.)*
- Opening Business Session w/ Commercial Advertisement \$1,500 2  
*(Promote your company's products or services with a custom-made video commercial that will be played on the jumbo screens at the start of the Opening Business Session. Sponsor must provide commercial to Aim in approved video format.)*
- Welcome Reception in Exhibit Hall \$500 10
- Exhibit Hall Breakfast \$500 6
- Tote Bag Giveaways \$300 10  
*(Company provides a give-away with company logo/name on it to be passed out to all conference delegates at conference registration)*
- \*Company notepads/pens for workshop rooms \$500 4  
*(Company provides notepads/pens with company logo/name on them to be placed in workshop rooms)*
- Giant Floor Clings \$500 2  
*(Company logo printed on giant floor clings placed in high traffic areas throughout event center)*

- Mobile Device Charging Station \$5,000 1  
*(Lounge-style charging station, company reps invited to staff the station throughout the conference; includes three complimentary registrations to the conference and printed and verbal recognition during the conference)*

**NOTE:** Additional sponsorship opportunities may become available. If you would like to discuss a unique opportunity, please contact Anne Trobaugh, Aim Corporate Relations Director, at (317) 237-6200 ext. 239 for more information.

By signing below, I agree that *(name of firm)* \_\_\_\_\_ commits to sponsor the event(s) indicated above. I will be notified by Aim if my choice is not available.

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*Signature* \_\_\_\_\_ *Title* \_\_\_\_\_ *Date* \_\_\_\_\_

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*Printed Name* \_\_\_\_\_ *Phone Number* \_\_\_\_\_ *Email Address* \_\_\_\_\_

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*Billing Address* \_\_\_\_\_ *City* \_\_\_\_\_ *State* \_\_\_\_\_ *ZIP Code* \_\_\_\_\_

**Method of Payment**

- Check is enclosed (make payable to "Aim")
- Charge credit card: \_\_\_\_\_ Visa \_\_\_\_\_ MasterCard \_\_\_\_\_ Discover \_\_\_\_\_ AMEX

Card No.: \_\_\_\_\_ Ver. Code # \_\_\_\_\_

Card Exp. Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_  
 \_\_\_\_\_

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