



17th Annual Rehabilitation Conference
 Friday, October 1, 2010
 Crowne Plaza Hotel, Warwick, Rhode Island

Sponsorship Opportunities

Major Sponsor	\$ 2,500	Exhibit space with preferred placement, advanced promotion throughout conference, including <u>company banner prominently displayed in main conference room, company name and logo display on conference website, center-fold program book ad, and a named student scholarship.</u>
Corporate Sponsor	\$ 1,750	Exhibit space with preferred placement, full-page program book ad, conference packet insert, <u>company banner displayed in main conference room and as luncheon sponsor.</u>
Conference Sponsor	\$ 950	Exhibit space with preferred placement, full-page program book ad, conference packet insert, <u>company name and logo featured on all lunch tents.</u>
Associate Sponsor	\$ 750	Exhibit space with preferred placement, full-page program book ad, and <u>conference packet insert</u> (\$900 value).

Exhibitor Information

For-profit Exhibitor, includes half-page 5" x 4" program book ad \$450

Not-for-Profit Exhibitor, includes half-page 5" x 4" program book ad \$300

Exhibiting space accommodates up to 2 representatives and includes Continental Breakfast, Lunch, and CEUs. Should your organization need to send more than 2 representatives, please include \$40 for each additional person.

Enhance your exhibit....

Add a promotional item to our conference packets, which are distributed to each participant at the time of registration. \$50

Resource Table: Unable to attend? We display your promotional materials for you! \$150

Program Book Advertisement

Please provide in PDF, JPEG or TIF format

	Size	
Center Fold	5" x 8"	\$ 800
Full Page	5" x 8"	\$ 400
Half Page	5" x 4"	\$ 200

Questions?

Please contact Adrienne Nicoloro, Conference Coordinator
 Phone: (401) 456-3027 or (401) 456-3070
 Email: anicoloro@saintjosephri.com



Sponsorship Registration Form

Reserve now with this easy to fax form!
Our fax number is (401) 456-3728

Typed information assures that your listing in the conference program book and print media will appear correctly.

Organization Name: _____

(As it should appear on conference materials)

Street: _____

City: _____ State: _____ Zip: _____

Primary Contact (Include Name and Title): _____

Telephone: _____ Fax: _____ E-mail Address: _____

Please indicate your sponsorship selection:

<input type="checkbox"/>	Major Sponsor	\$ 2,500
<input type="checkbox"/>	Corporate Sponsor	\$ 1,750
<input type="checkbox"/>	Conference Sponsor	\$ 950
<input type="checkbox"/>	Associate Sponsor	\$ 750
<input type="checkbox"/>	For-profit Exhibitor	\$ 450
<input type="checkbox"/>	Not-for-Profit Exhibitor	\$ 300

Exhibiting space accommodates 2 representatives; Please include \$40 for each additional person. # _____ additional

<input type="checkbox"/>	Conference Packet Stuffer	\$ 50
<input type="checkbox"/>	Resource Table	\$ 150
Advertising Sponsor		
<input type="checkbox"/>	5" x 8" Centerfold Ad	\$ 800
<input type="checkbox"/>	5" x 8" Full Page Ad	\$ 400
<input type="checkbox"/>	5" x 4" Half Page Ad	\$ 200

Please make check payable to and remit to:

St. Joseph Health Services Foundation
Attention: Adrienne Nicoloro
200 High Service Avenue
North Providence, RI 02904

Thank you for your support!