

**NAMI Wisconsin Annual Conference**  
***Taking the Journey Together: The Art of Living with Serious Mental Illness***  
**April 30 – May 1, 2010**

Radisson Hotel & Conference Center ♦ 2040 Airport Drive, Green Bay, WI 54313  
Co-Hosted by NAMI Brown County

**SPONSOR ♦ EXHIBIT ♦ ADVERTISE**

**SPONSOR**

**\$3,000+ Gold Sponsor**

- Listed as a co-sponsor in all conference publications and NAMI Iris
- One complimentary exhibit table for two days
- Three complimentary conference registrations
- Full page b/w advertisement in conference program

**\$2,000+ Silver Sponsor**

- Listed as a co-sponsor in all conference publications and NAMI Iris
- One complimentary exhibit table for two days
- Two complimentary conference registrations
- 1/2- page b/w advertisement in conference program

**\$1,500+ Bronze Sponsor**

- Listed as a co-sponsor in all conference publications and NAMI Iris
- One complimentary exhibit table for one day
- One complimentary conference registration
- 1/4- page b/w advertisement in conference program

**Friends of NAMI- Support up to \$1,500**

- Listed as a sponsor in all conference publications and NAMI Iris

**Low Income Scholarship Sponsor**

- Each year we offer low income registrations and scholarships to mental health consumers. In 2009 we gave 106 consumer scholarships. Won't you help us surpass this number in 2010? Please sponsor a consumer participant for two days (\$165).

**EXHIBIT**

**Two day rate:** \$250 for corporations; \$50 for non-profit organizations

**One day rate:** \$150 for corporations; \$25 for non-profit organizations

This fee also provides your organization:

- 8" table including linen, skirting, and two chairs
- Listing in program materials
- Networking opportunities throughout the conference
- Complimentary refreshments during exhibit hours for up to two staff. Lunches are not included in the exhibitor fee but may be purchased for \$9.00 per day per person.

**ADVERTISE**

Supporters can also participate by advertising in the conference program.

**Rates**

Full Page Ad (7.5 x10, b/w) \$500, (color) \$750

Half Page Ad (7.5 x 5, b/w) \$250

Quarter Page Ad (3.75 x 5, b/w) \$125

Business Card Ad (3.5 x 2, b/w) \$90

**Ad Submission Requirements**

Ads submitted in EPS vector files or high resolution PDF files preferred. JPG, TIFF, or Word okay; 300 dpi resolution or higher; black and white (unless full pg color ad). All artwork and payments are due no later than March 30.

NAMI Wisconsin reserves the right to deny sponsorship, booth, or ad space for any company/organization/individual it deems unsuitable for the convention venue. Registration deadline is March 30, 2010.

# SPONSOR ♦ EXHIBIT ♦ ADVERTISE REGISTRATION FORM

Contact Name:		
Company Name:		
Address:		
City:	State:	Zip:
Phone:	Email:	
Fax:	Website:	

**Exhibitor Information**

Number Staffing Display \_\_\_\_\_ Name \_\_\_\_\_ Name \_\_\_\_\_  
Exhibit Staff 1 Exhibit Staff 2

Check the day(s) you would like to exhibit:  **Friday, April 30**  **Saturday, May 1**

SPONSOR	COST	TOTAL
Gold Sponsor	\$3,000+	
Silver Sponsor	\$2,000-\$2,999	
Bronze Sponsor	\$1,500-\$1,999	
Friends of NAMI	up to \$1,500	
Low Income Scholarship Sponsor (\$165 x number sponsored)	varies	
<b>EXHIBIT</b>		
Two Days Corporate	\$250	
Two Days Non-profit	\$50	
One Day Corporate	\$150	
One Day Non-profit	\$25	
Lunch (\$9 x _____ people x _____ days)	varies	
<b>ADVERTISE</b>		
Full Page Ad (b/w \$500, color \$750)	\$500/\$750	
Half Page Ad	\$250	
Quarter Page Ad	\$125	
Business Card	\$90	
	<b>Total</b>	

Has your company/organization participated in the NAMI Wisconsin conference in the past?  Yes  No

**REGISTRATIONS WILL NOT BE PROCESSED WITHOUT PAYMENT:**

Enclosed is my check for \$ \_\_\_\_\_, payable to NAMI Wisconsin.  
 Please bill my credit card for \$ \_\_\_\_\_  Visa  MasterCard  
 Acct# \_\_\_\_\_ Exp. Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Signature: \_\_\_\_\_

<b>FOR OFFICE USE ONLY</b>
DATE RCVD: _____
AMOUNT: _____
CHECK #: _____
DB ENTRY: _____

**Mail or fax your completed registration form with check or credit card information to:  
 NAMI Wisconsin, 4233 W. Beltline Hwy, Madison, WI 53711; Fax: 608-268-6004  
 Questions? Call 608-268-6000      REGISTRATION DEADLINE IS MARCH 30, 2010**