**NV Statewide Maternal and Child Health Coalition**

**Fall Symposium**

**Sponsorship & Exhibiting Opportunities**

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| * **LEVEL OF SUPPORT** | |
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| *Maternal and Child Health* Presenting Sponsor $4,000\*   * Ad in program (full page with logo) * 10-15 presentation time * Sponsor table (limited amount of tables) * Recognition on website * Recognition on social media * Recognition on print materials * Organization name included in Save the Date e-blasts | |
| *Healthy Children* Supporting Sponsor $2,000\*   * Ad in program (half page) * Sponsor table (limited amount of tables) * Recognition on website * Recognition on social media * Recognition on print materials   *Healthy Families* Sponsor $1,000   * Sponsor table * Recognition on website * Recognition on print materials | |
| Education Partner Supporter $500\*   * Shared Sponsor table * Recognition in program book * \*subject to change  |  |  | | --- | --- | | * **SUPPORTER INFORMATION** | | | Company/Organization: |  | | Contact Person: |  | | Phone: |  | | Email: |  | | Mailing address: |  | |  |  | |  |  | | |
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| * **PAYMENT METHOD** | |
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| Credit Card |  |
| Name on Card: |  |
| Credit Card Number: |  |
| Expiration Date: | Verification code: |
| Billing Address: |  |
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For additional questions regarding exhibitor and sponsor information, please contact Jackie Kennedy at 702-492-8595 or email [**Jacqueline.Kennedy@dignityhealth.org**](mailto:Jacqueline.Kennedy@dignityhealth.org)

**THANK YOU!**