

Annual Summit Sponsorship Opportunities Wednesday, May 25, 2022 Four Points by Sheraton Norwood, Norwood, MA

Promote your brand to NEEBC's dedicated benefits/total rewards professionals! *Registration form follows.*

Sponso	or Benefits	Premier (Limited to 2)	Lanyard SOLD	Luncheon (Limited to 2)	Breakfast SOLD OUT	Reception (Limited to 3)	Scholarships Presenter (Limited to 1)	Exhibit (limited #)
Ŵ	Prominent Recognition as Premier Sponsor	•						
Ũ	Address Audience Opportunity to say a few words about your organization/introduce keynote, panel, or session	•		Luncheon	Breakfast	Reception	Scholarship Awards	
	Exhibitor Table at Event – build your brand and network face-to-face	Premier Location (includes 2 reps)						Standard (first come, first serve)
:::	Printed Materials – promotional piece included in attendee handouts	•						
Ţ	Professional Signage – Large signs at registration, conference, & exhibitor area	Prominent Throughout	Organization name on lanyards & large signs	Logo on table tents & large signs	Logo on table tents & large signs	Logo on table tents & large signs		Listed
	NEEBC Newsletter – Thank you with logo alongside conference highlights	Thank You & Logo	Thank You & Logo	Thank you & Logo	Thank you & Logo	Thank You	Thank You	Thank You
	Recognition in Social Media	3 Months	2 Months	2 Months	1 Month	1 Month	1 Month	1 Month
==	Free Event registration	4 people	2 people	1 person	1 person	1 person	1 person	2 Table Reps
\star	Website Recognition	Logo/Link	Logo/Link	Logo/Link	Listed	Listed	Listed	Listed
	YOUR INVESTMENT	\$5,000	\$3,000	\$2,500	\$2,000	\$1,500	\$2,000	NM \$2,500/M \$1,950

Annual Summit Sponsor Registration Form

Don't miss the opportunity to be part of our Annual Summit – Wednesday, May 25, 2022!

Name:		Title:	Company:			
Address:						
Yes - please sign me up!						
□ Premier (\$5,000)	□ Lanyard (\$3,000)	□ Luncheon (\$2,500)	🗆 Breakfast (\$2,000) 🗖 Scholarships Pr	esenter (\$2,000)	□ Reception (\$1,500)	ł
🗆 Exhibit (Non-memb	pers \$2,500; Members \$	1,950)				
Checks payable to: NE	EBC (enclosed) or via ch	arge:				
Card No:		Exp Date:	Security Code:		MasterCardAm	n Ex
Zip code: Name on card:		Signature:				

Return form or reach out with questions:

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Thank you for your valuable participation!

