**17th NORTH AMERICAN HIGHER EDUCATION CONFERENCE**

**SAN LUIS POTOSÍ, MEXICO**

 **MARCH 16-18, 2016**

**LIST OF SPONSORSHIP OPPORTUNITIES**

**Become a conference Sponsor and receive accompanying benefits**

Sponsorship options:

|  |
| --- |
| Bronze (US $3,000) |
| Silver (US $6,000) |
| Gold (US $ 12,000) |
| Platinum (US $ 20,000) |
| Global ($30,000) |

**Become a sponsor of different program components and gain great visibility with all delegates!**

CONAHEC’s 17th North American Higher Education Conference offers a variety of sponsorship opportunities that will help promote your organization. Book a spot now!

|  |  |  |  |
| --- | --- | --- | --- |
| Concept | Opportunities | Sponsorship Amount | Sponsorship Level |
| Interpretation | 1 | $20,000 | Platinum |
| Translation | 1 | $6,000 | Silver |
| Breakfast  | 2 | $12,000 | Gold |
| Lunch  | 3 | $20,000 | Gold |
| Dinner | 2 | $30,000 | Global |
| Welcoming Reception | 1 | $12,000 | Gold |
| Coffee Breaks | 1 | $12,000 | Gold |
| Binders | 1 | $6,000 | Silver |
| Bags | 1 | $3,000 | Bronze |
| Nametags | 1 | $3,000 | Bronze |
| Speakers | 12 | $6,000 | Silver |
| Cyber Café | 1 | $12,000 | Gold |
| A/V Rentals | 1 | $12,000 | Gold |

**GENERAL EVENT SPONSORSHIP BENEFITS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | BronzeSponsor | SilverSponsor | GoldSponsor | PlatinumSponsor | GlobalSponsor |
| Sponsor Benefits: | US$3,000 | US$6,000 | US$12,000 | US$20,000 | US$30,000 |
| 3-Day Exhibit Space: 6' x 6' (approx. 4 sq. m.), 1 table, 2 chairs, single electric outlet (120V 15 amps, grounded) | 1 | 1 | 1 | 2 | 5 |
| Registration(s) @ $450 value w/ID & ribbon | 1 | 2 | 3 | 4 | 8 |
| Conference-provided meals w/each reg. | 🗸 | 🗸 | 🗸 | 🗸 | 🗸 |
| Recognition @ opening/closing & plenary | 🗸 | 🗸 | 🗸 | 🗸 | 🗸 |
| Acknowledgement in conference program | 🗸 | 🗸 | 🗸 | 🗸 | 🗸 |
| Web link on conference website | 🗸 | 🗸 | 🗸 | 🗸 | 🗸 |
| Sign during event |  | 🗸 | 🗸 | 🗸 | 🗸 |
| Advertisement in conference program |  | ¼ pg b&w | ½ pg b&w | Full pg b&w | Full pgcolor |
| Honorary membership ($1,800 value) |  |  | 1 year | 2 years | 5 years |
| Printed literature in conference packet |  |  | 🗸 | 🗸 | 🗸 |
| Logo on conference packets |  |  |  | 🗸 | 🗸 |
| Table decorations w/logo @ 1 meal |  |  |  | 🗸 | 🗸 |

[ ]  **YES!!** I want to be a conference Sponsor and receive all the accompanying benefits for the category below. Please note that payment must be received by CONAHEC on or before **Friday, February 12, 2016** to allow enough time for the organization of the above services. Please select one:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Bronze Sponsor** (US $3000) |  |  | **Silver Sponsor** (US $6,000) |  |  | **Gold Sponsor** (US $12,000) |

|  |  |  |  |  |
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|  | **Platinum Sponsor** (US $20,000) |  |  | **Global Sponsor** (US $30,000) |

|  |  |
| --- | --- |
| Organization Name:  |  |

Please identify the contact person for each item appropriate to your sponsor category.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Contact Name | Phone | E-mail | Primary Contact | Web link | Sign | Ad | Lit. | Logo |
|  |  |  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
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**GENERAL EVENT SPONSORSHIP REGISTRATION FORM**

|  |
| --- |
| **Please identify complimentary registrants in accordance with your sponsorship level:Bronze** **= 1** registration **Silver** **= 2** registrations **Gold** **= 3** registrations Platinum **= 4**registrations **Global** **= 8** registrations |
| **First Representative** |  |
| Name of Attendee: |  |  |
| Address: |  | First Name  | Family Name(s) |
| Street | City |
| State / Province | Zip/Postal Code | Country |
| Tel.: |  | Fax: |  | E-mail address: |  |
| Special meals or other needs? |  |  |  |
|  |  |  |  |
| **Second Representative** |  |
| Name of Attendee: |  |  |
| Address: |  | First Name  | Family Name(s) |
| Street | City |
| State / Province | Zip/Postal Code | Country |
| Tel.: |  | Fax: |  | E-mail address: |  |
| Special meals or other needs? |  |  |  |
|  |  |  |  |
| **Third Representative** |  |
| Name of Attendee: |  |  |
| Address: |  | First Name  | Family Name(s) |
| Street | City |
| State / Province | Zip/Postal Code | Country |
| Tel.: |  | Fax: |  | E-mail address: |  |
| Special meals or other needs? |  |  |  |
|  |  |  |  |
| **Fourth Representative** |  |
| Name of Attendee: |  |  |
| Address: |  | First Name  | Family Name(s) |
| Street | City |
| State / Province | Zip/Postal Code | Country |
| Tel.: |  | Fax: |  | E-mail address: |  |
| Special meals or other needs? |  |  |  |
|  |  |  |  |
| **Fifth Representative** |  |
| Name of Attendee: |  |  |
| Address: |  | First Name  | Family Name(s) |
| Street | City |
| State / Province | Zip/Postal Code | Country |
| Tel.: |  | Fax: |  | E-mail address: |  |
| Special meals or other needs? |  |  |  |
|  |  |  |  |

|  |  |
| --- | --- |
| **Sixth Representative** |  |
| Name of Attendee: |  |  |
| Address: |  | First Name  | Family Name(s) |
| Street | City |
| State / Province | Zip/Postal Code | Country |
| Tel.: |  | Fax: |  | E-mail address: |  |
| Special meals or other needs? |  |  |  |
|  |  |  |  |
| **Seventh Representative** |  |
| Name of Attendee: |  |  |
| Address: |  | First Name  | Family Name(s) |
| Street | City |
| State / Province | Zip/Postal Code | Country |
| Tel.: |  | Fax: |  | E-mail address: |  |
| Special meals or other needs? |  |  |  |
|  |  |  |  |
| **Eight Representative** |  |
| Name of Attendee: |  |  |
| Address: |  | First Name  | Family Name(s) |
| Street | City |
| State / Province | Zip/Postal Code | Country |
| Tel.: |  | Fax: |  | E-mail address: |  |
| Special meals or other needs? |  |  |  |
|  |  |  |  |

**Additional attendees must register separately. Registration information available at** [**http://www.conahec.org/conference-2016/registration**](http://www.conahec.org/conference-2016/registration)

Once complete, please email this form along with a high quality logo image to gvaldez@email.arizona.edu. An invoice with further instructions will be sent to primary contact.