



Conference Sponsorship

Thank you for your interest in sponsoring an APNC Conference and for your support for Addiction Professionals of North Carolina. Please complete the registration form below indicating your level of sponsorship and send to Registration@APNC.org as soon as possible to reserve your space. Please mail completed form along with your payment to APNC, and let us know if an invoice is required for your process. We have moved and will send updated W-9 form with invoice reflecting our new address.

Name of organization or agency: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Name: _____ Date: _____

Name of Person Manning the Exhibit Booth: _____

Website address (please include the specific web link that you would like conference attendees directed to):

Facebook URL (if applicable): _____ Twitter (if applicable): _____

Please indicate your level of sponsorship below.

SPONSORSHIP BENEFITS	EXHIBITOR	SESSION SPONSOR*	CONTRIBUTING SPONSOR*	SUSTAINING SPONSOR *	TITLE SPONSOR*
Single Conference	<input type="checkbox"/> \$375	<input type="checkbox"/> Presenter Expenses	<input type="checkbox"/> \$1000	<input type="checkbox"/> \$1500	<input type="checkbox"/> \$2500+
Spring & Fall Conferences	<input type="checkbox"/> \$700	N/A	<input type="checkbox"/> \$1750	<input type="checkbox"/> \$2500	<input type="checkbox"/> \$4000+

- Exhibitor booth assignments are made first-come, first served.
- Display tables will be approximately 72" x 30". If you do not need a display table or need a different size, please let us know.
- Please indicate if you will need electricity for your display? Yes No
- Will you be utilizing the complimentary conference registration? Yes No
 - Complimentary Conference Attendee's Name: _____
 - Email Address: _____ Phone Number: _____

Total Payment Amount: _____

Please mail a copy of this form along with payment to:

**APNC Sponsorships
410 N. Boylan Avenue
Raleigh, NC 27603**

We agree to comply with the rules and regulations which are hereby made a part of this application and to the conditions under which exhibit space at the venue is assigned to APNC.

Authorized Signature: _____

Please direct any additional questions to Registration@APNC.org or 919.256.3797.

* In order to maximize your organization's exposure before, during and after the conference, we ask sponsor levels to please send a high resolution image of your logo along with your completed form to registration@apnc.org.