|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SPONSORSHIP BENEFITS** | **EXHIBITOR** | **SILVER SPONSOR** | **GOLD**  **SPONSOR** | **PLATINUM  SPONSOR** |
| Sponsorship Amounts | $500 | $1000-$1999 | $2000-$2999 | $3000+ |
| Exhibitor Tables | ✓ | ✓ | ✓ | ✓ |
| Complimentary Conference Registrations | 1 | 2 | 3 | 4 |
| Listed on the Conference Webpage | ✓ | ✓ | ✓ | ✓ |
| Featured in Event Recap Email | — | — | — | ✓ |
| Logo in Event Recap Email | — | ✓ | ✓ | ✓ |
| Logo on the Conference Webpage | — | ✓ | ✓ | ✓ |
| Featured on Event Webpage | — | — | ✓ | ✓ |
| Listed in Announcement Emails | — | ✓ | ✓ | ✓ |
| Featured in Announcement Emails | — | — | — | ✓ |
| Logo in Event Recap Email | — | ✓ | ✓ | ✓ |
| Exclusive Branding Opportunity on Collateral *(ie: Badges, Booklet, etc.)* | — | — | ✓ | ✓ |
| Recognition During Announcements | — | ✓ | ✓ | ✓ |
| Opportunity to Provide Remarks | — | — | — | ✓ |
| Conference Booklet | Listed | ¼ Page  Ad | ½ Page  Ad | Full Page  Ad |

**Thank you for supporting the NC Association for the Treatment of Opioid Dependence annual conference. For more information, please contact**

**MeLane Barber: 336-559-9869 | melane.barber@ctcprograms.com**

**Name of organization or agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*The following information will be printed in conference material and listed on the website. Please list exactly as you would like to see it listed in participant materials.*

***Organization Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***Website address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***Specific URL for direct links*** *(if different from above):* ***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***Facebook URL (if applicable):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Twitter (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

**Please indicate your level of support below.**

**Exhibitor Silver Gold Platinum**

**Total Payment Amount: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please make checks payable to: Mail a copy of this form along with payment to:**

**NCATOD NCATOD**

**c/o North Wilkesboro CTC**

**MeLane Barber**

**200 Northview Plaza**

**North Wilkesboro NC 28659**

**Please direct any questions to:**

**MeLane Barber: 336-559-9869 | melane.barber@ctcprograms.com**