

Presents ...

South Florida Women's Summit Health • Wealth • Advancing Balance

at:



BONAVENTURE RESORT & SPA Thursday, June 16 and Friday, 17, 2016

SPONSORSHIP and EXIBITOR OPPORTUNITIES INFORMATION WWW.ONATODAY.COM

<u>SPACE IS LIMITED</u> -- Reserve Your Opportunity Today! For more information, please contact an ONA representative today: 321-303-5924 or info@onatoday.com

South Florida Women's Summit

For Health, Wealth, & Advancing Balance

SPONSORSHIP AND EXHIBITOR OPPORTUNITIES INFORMATION

Thank you for your interest in Opal Network Alliance's (ONA), South Florida Women's Summit & Expo! Our summits highlight amazingly relevant and time sensitive colloquiums designed to benefit our attendees, corporate sponsors, and exhibitors. If your company is desirous of participating in any Opal Network Alliance event, please download and complete our SPONSOR/EXHIBITOR FORM. To speak with an ONA Sales & Marketing Representative, please email your inquiries and contact information to: info@onatoday.com.

MARQUEE SPONSOR (2 Available)

- > (2) *20' x 10' booth space in prominent locations including 4 chairs, waste baskets
- Pipe and drape, with table cover (if needed)
- Signage (if needed)
- Special recognition/signage as marquee (overall) sponsor of every session, printed on marketing materials, press releases, media alerts, media interviews, and website, w/hyperlink to sponsor's company
- > (2) Corporate table (20 ppl) reserved in company name for (both luncheons)
- > Up to 15-minute presentation for company during keynoted lunch & learn each day
- 20 full-conference registration tickets, including access to keynote luncheon and admission to all sessions
- Inclusion in pre-conference press and social media campaign
- Company listed & linked as "Marquee Sponsor" on event website <u>Large Company logo on (Only) sponsor promotional bags for distribution to</u> <u>attendees.</u>

\$35,000.00

(Estimated attendance per/day: 500)

<u>CORPORATE SPONSOR</u> (5 Available)

- > 6' table at entrance of dining area
- > 5-minute presentation for company promotion during luncheon
- > Corporate table (10 ppl) reserved in company name
- Exclusive signage as luncheon sponsor
- Logo placed in all advertisements
- > Company logo/link placed on marketing materials and website as corporate sponsor
- > Inclusion in pre-conference press and social-media campaign
- > Company listed & linked as "Corporate Sponsor" on event website

<u>\$7500.00</u>

WORKSHOP SPONSOR (1 per workshop)

- 6' table at entrance to workshop area to promote your company's goods, products, & services
- > Company logo placed on event collateral and website as workshop sponsor
- > Company recognition during keynoted luncheon
- 2 full-conference registration tickets, including access to conference keynote luncheon, refreshments, and admission to all sessions
- > Inclusion in pre-conference press and social media campaign
- > Company listed & linked as "Workshop Sponsor" on event website

<u>\$1495.00</u> (Per Workshop)

MARKETPLACE: EXHIBITOR BOOTH (Open to the Public)

- > *10' x 10' booth space at event
- > 6' table, 2 chairs, waste basket with table cover
- > Exhibitor supplies signage, and promotional materials
- > Up to 10 hours per event day for exhibition
- Listing on website as exhibitor
- > 2 full-conference registration tickets,
- including access to keynote
- Iuncheon, refreshments, and
- admission to all sessions

<u>\$1295.00</u>

DESSERT SOIREE SPONSOR (4 Available)

Closure of Conference/Summit - evening reception. Includes:

- > Table for company promotion
- Opportunity for bagged giveaway
- > Up to 8-minute presentation to audience

<u>\$1750.00</u>

***SPONSOR/EXHIBITOR REGISTRATION FORM**

(Please Print)

| Company Name | : |
|------------------|--|
| Contact Name: _ | Title: |
| Address: | |
| Suite/Office: | |
| | |
| State/Province: | |
| Postal Code: | |
| Telephone: | |
| Fax: | |
| E-mail: | |
| Local Contact (i | f any): Title: |
| Telephone: | |
| E-mail: | |
| Selected date(s) | of ONA event: |
| LEVEL OF PA | RTICIPATION: (From Pages 2&3) |
| *PAYMENT TO | DTAL |
| (All payments i | Check enclosed Make check payable to: Othal Partners, LLC Mailing address: P.O. Box 783051, Winter Garden, FL 34778 *(If an invoice or purchase order is needed, please email your completed copy of this form to, info@onatoday.com. Please place in the subject line: INVOICE Thank you.) nust be received 60 days prior to participant's selected ONA event date, or 15 days after invoicing.) Charge my credit card in the amount of \$ (enter TOTAL) VISA MASTERCARD AMEX |
| | nber: |
| - | Month Year: |
| Rilling Address: | |
| e | |
| • | |
| Zip Code: | |
| Country: | |
| Signature: | Title: |

A signature and payment must accompany this application in order to be processed.

Once your application is received and approved, your company will be assigned exhibit space based on the participant level requested, product you intend to exhibit, special requirements, and space availability. No exhibit space can be assigned prior to receiving payment. Thank you for understanding. Note: All sponsors and vendors are asked to provide promotional items for the attendee tote bags, if possible.