

Sponsorship & Exhibitor Application Registration Form



**25th Annual Behavioral Health Conference and Resource Fair
Meeting of the Minds – October 12, 2022, Marina Village Conference Center
“THE EVOLUTION OF WELLNESS AND COMMUNITY CARE: 25 YEARS”**

Registration Deadline: Friday, October 7, 2022

LEVELS OF SPONSORSHIP: (choose the right fit for your organization)

***Guests receive conference attendance, lunch, resource fair and parking**

- Signature Partners \$10,500** – includes VIP reservations for 20 guests
Premium exhibit space, name as Signature Partner prominently displayed on program cover, and in other media. A member of MHA staff will contact you directly for the names of your attendees prior to the event.*
- Presenting Partners \$5,500** - includes VIP reservations for 15 guests
*Premium exhibit space, name on program cover, media inclusion. * A member of MHA staff will contact you directly for the names of your attendees prior to the event.*
- Special Partners \$3,000** – includes VIP reservations for 10 guests
Premium exhibit space, name placard, program recognition, & media inclusion
- Platinum Partners \$1,100** – includes reservations for 8 guests
Premium exhibit space, name placard, program recognition, & media inclusion
- Gold Partners \$550** – includes reservations for 4 guests
Preferred exhibit, name placard, & program recognition
- Silver Partners \$275** - includes reservations for 2 guests
Exhibit space, name placard, & program recognition
- Bronze Partner/Exhibitor \$175** – includes reservation for 1 guest
One full 6” foot exhibit table, name placard, & program recognition
- Please use my donation of \$ _____ to sponsor a consumer/student attendee.**

Payment Options:

Check _____ Credit Card _____ Card Type: _____

Name on Card: _____

Card No.: _____ 3 Digit # _____

Expiration Date: _____ Credit Card Billing Address: _____

MAKE CHECKS PAYABLE TO:

MENTAL HEALTH AMERICA

4069 30TH STREET, SAN DIEGO, CA 92104

Phone: 619-543-0412 Fax: 619-285-1938

CREDIT CARD PAYMENTS:

EMAIL COMPLETED FORM TO MMEZA@MHASD.ORG

CONFIRMATION AND RECEIPT FOR ALL FORMS OF

PAYMENT WILL BE EMAILED TO BUYER

REGISTRATION INFORMATION



Sponsorship Registration (Number of guests based on level of sponsorship)

Contact Person _____ E-mail _____
Name of Agency _____
Address _____
City, State, ZIP _____ Phone _____
Website _____ Exhibitor _____ YES _____ No _____
Guest _____ Guest _____
Guest _____ Guest _____
Guest _____ Guest _____
Guest _____ Guest _____
Guest _____ Guest _____
Guest _____ Guest _____
Guest _____ Guest _____
Guest _____ Guest _____
Guest _____ Guest _____
Guest _____ Guest _____
Guest _____ Guest _____

*If you do not have all names of guests, please enter TBD. Staff from MHASD will be contacting the buyer for Guest Names prior to the conference.

Individual Registration \$100.00 (\$105.00 Day of conference)

Contact Person _____ E-mail _____
Name of Agency _____
Address _____
City, State, ZIP _____ Phone _____
Website _____

* Exhibitor information does not apply for individual registration

**Note: Cancellations received 10 days prior to the event will be partially refunded; a 15% will be discounted as processing fee. Cancellations received less than 10 days prior to the event are non-refundable.
THANK YOU FOR YOUR SUPPORT!**