

2024 Inclusion Conference

Hosted by the Northwest Ohio Human Resource Association

We invite you to sponsor our annual Inclusion Conference which we hope to continue our tradition of educating human resource professionals about the best DEI practices to implement at their workplaces.

Event Sponsorship Opportunities

PLATINUM SPONSOR \$1500 (Limited to 3 sponsors!)

- 6 event tickets
- 3-Minute speech at event to promote organization and organization's efforts in DEI
- Table at event to promote organization
- Promotional materials/merchandise added to event tables (pens, post-its, hand sanitizer, etc.)
- Logo in event pamphlet
- Logo on promo materials and table signs
- Verbal recognition at event

GOLD SPONSOR \$1000

- 4 event tickets
- Promotional materials/merchandise added to event tables (pens, post-its, hand sanitizer, etc.)
- Logo in event pamphlet
- Logo on promo materials and table signs
- Verbal recognition at event

LUNCH SPONSOR \$750 (Limited to 1 sponsor!)

- 2 event tickets
- Signage on lunch buffet tables
- Logo in event pamphlet
- Logo on table signs
- Verbal recognition at event

To secure your sponsorship, please return the second sheet.

Event Details

Who: Everyone!

What: 2024 Inclusion

Date: April 10, 2024

Time: 8:30 AM - 4:00 PM

Location:

Toledo Museum of Art GlasSalon 2444 Monroe St. Toledo, OH

SILVER SPONSOR \$500

- 2 event tickets
- Logo in event pamphlet
- Logo on promo materials and table signs
- Promotional materials/merchandise added to event tables (pens, post-its, hand sanitizer, etc.)
- Verbal recognition at event

BREAKFAST SPONSOR \$300 (Limited to 1 sponsor!)

- Logo in event pamphlet
- Logo on table signs
- Signage on breakfast buffet tables
- Verbal recognition at event

GENERAL SPONSOR \$200

- Logo in event pamphlet
- Logo on table signs



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Sponsorship Form

Sponsorship Opportunities	Fee	Selection
Platinum Sponsor	\$1,500	
Gold Sponsor	\$1,000	
Lunch Sponsor	\$750	
Silver Sponsor	\$500	
Breakfast Sponsor	\$300	
General Sponsor	\$200	

Contact Information

Organization:		
Address:		
		State: Zip:
Phone:	Fax:	Email:
Name of organizati	on as it is to appear on mate	erials (Maximum 2 Lines)
	<u>Subn</u>	nission Information
Checks: Please ma	ake checks payable to " <u>Nor</u>	thwest Ohio Human Resource Association" or "NOHRA"
Credit Card:		
		Expiration Date:
Name as it appears	s on card:	Security Code:
Billing Address of C	Card:	
Authorization:		
Signature of Card I	Holder:	Date: