

33rd Annual

EXPLORING PATHS OF HOPE

INFERTILITY, ADOPTION, AND FAMILY BUILDING SUMMIT

Saturday, November 18, 2017 | 7:45am to 5:15pm

Normandale Community College, 9700 France Avenue South, Bloomington, MN 55431

About the Summit

This Summit is one of the most popular RESOLVE events in the nation and has been profiled on *ABCNews.com* and *The Star Tribune*. The Summit takes place in Bloomington, MN and features workshops on every aspect of infertility and adoption. Medical experts, attorneys, counseling professionals, adoption agencies, complementary medicine practitioners and individuals who have experienced infertility firsthand will provide the most up-to-date information available for women and men traveling the family building journey.

Attendees hail from states throughout the region with a majority coming from Minnesota.

How To Participate

There are several ways you can participate:

- ◆ Become a **SPONSOR!** See next page for details.
- ◆ Become an **EXHIBITOR.** See next page for details.
- ◆ **ADVERTISE.** Great way to promote your business and/or service! See next page for details.
- ◆ **DONATE** to our Giveaway. At the close of the Summit, all attendees gather for the Giveaway. Items donated should be related to family building or gift cards to restaurants, spas/massage, hotel, etc. that they can use for themselves through their journey. Please see page 4.

When?

Saturday, November 18, 2017

Check-in begins at 7:45AM; Welcome remarks, followed by the keynote address begin at 8:30AM. The conference ends at 5:15PM.

Questions

If you have any questions, please contact Lisa Houts at ResolveLisa@gmail.com or 952.270.3645.

About RESOLVE

RESOLVE: The National Infertility Association, established in 1974, is a non-profit organization with the only established, nationwide network mandated to promote reproductive health and to ensure equal access to all family building options for men and women experiencing infertility or other reproductive disorders.

RESOLVE improves the lives of women and men living with infertility.

One in eight U.S. couples of childbearing age is diagnosed with infertility. RESOLVE addresses this public health issue by providing community to these women and men, connecting them with others who can help, empowering them to find resolution and giving voice to their demands for access to all family building options.

Visit RESOLVE.org to learn more about our mission, public awareness campaigns and public policy efforts.

SPONSOR

Levels Available	Platinum \$3,500	Gold \$2,000	Silver \$1,500	Major Gift Sponsor > \$3,500	Lunch Sponsor \$800	Breakfast Sponsor \$500	Afternoon Break Sponsor \$300
Recognition on the partner page of the event website	Logo w/ URL	Logo w/ URL	Logo w/ URL	Logo w/URL	Logo w/URL	Text	Text
Recognition on all on-site materials at the event	Logo	Logo	Text	Text	Text	Text	Text
On-stage acknowledgement by emcee during the event	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Exhibitor Table with 2 chairs	Yes	Yes		Yes			
Ad in the printed program, distributed day of the event	Full Page 7x10	1/2 Page 5x7	1/4 Page 3¾" x 4½"	Business Card 2"x 3.5" size <u>OR</u> Insert	Business Card 2"x 3.5" size		
Opportunity to distribute printed marketing collateral in resource bag at the event (must be approved by RESOLVE prior to insertion)	Yes			OR Business Card size Ad			
Complimentary event registrations	10	6	4	10	2		

EXHIBIT

The exhibit area offers an exceptional opportunity to speak directly with individuals and couples seeking to build their families through medical treatment and/or adoption. Exhibit hours are 7:45am-3:15pm. Booth fees include two exhibitor passes, continental breakfast, lunch and afternoon snack. Additional passes can be purchased for \$15/each (*to include meals; with advanced notice*). Booth Specifications:

- Draped table with 2 chairs
- Small sign with your company name
- Company name on conference exhibitor webpage
- Cost: \$400 / \$250 (*see 'Step 2' on next page for details*)

ADVERTISE

Two opportunities to promote your business and/or service:

- Take out an ad in our Summit Program. All attendees, speakers and volunteers will receive one in their packet of information. Variety of sizes available:

- ⇒ Business Card - Size 3 ½" W x 2" H - Black and White / Grayscale Ad \$ 75
- ⇒ Quarter Page - Size 4 ½" H x 3 ¾" W - Black and White / Grayscale Ad \$125
- ⇒ Half Page - Size 5" H x 7" W - Black and White / Grayscale Ad \$200
- ⇒ Full Page - Size 7" W x 10" H - Black and White / Grayscale Ad \$350

Ads that include graphics should be high-resolution (at least 300dpi) B/W (grayscale) and saved to an electronic file in a common image format such as JPEG, TIFF, or PDF. E-mail ads to: ResolveLisa@gmail.com by October 27.

- Resource Bag Insert - Get your flyer/brochure in the hands of all attendees. \$225

COMMITMENT FORM

To support this event, please complete the 2 page commitment form and email to Lisa at **ResolveLisa@gmail.com** or fax to **763.413.1131**. Thank you!

CONTACT INFORMATION

Name & Title: _____

Company: _____

Address: _____

City/State/ZIP: _____ Website: _____

Telephone: _____ Email: _____

* If exhibiting, main contact person (if different than above)

Name _____ Cell # for Day of _____

Telephone: _____ Email: _____

PARTNERSHIP LEVELS *(please check all those that apply)*

Step 1: Sponsorships

- ◇ \$3,500 - Platinum Partner
- ◇ \$2,000 - Gold Partner
- ◇ \$1,500 - Silver Partner
- ◇ \$800 - Lunch Sponsor
- ◇ \$500 - Breakfast Sponsor
- ◇ \$300 - Afternoon Break Sponsor

Step 2: Exhibit *(included in Platinum & Gold Sponsor level)*

I would like to Exhibit *(Please check option below. Two people are included. Additional people are \$15 each)*

- ◇ Standard Exhibitor Booth - \$400
- ◇ * Non-Profit Exhibitor Booth - \$250
- ◇ Adoption Agency Exhibitor Booth - \$250
- ◇ Additional people _____ x \$15 = \$ _____

* You qualify for our non-profit discount if you fit one of the two categories listed:
 - A non-profit, non-commercial organization. A non-commercial organization is one that does not charge fees in exchange for services but raises money independently of products or services offered. You must be a 501 (c) 3 as defined by the IRS tax code and must not have more than 10 employees.
 - You are a sole proprietor who has donated at least \$250 or 25 hours of volunteer work to RESOLVE in the past year.

Step 2: Advertise

- ◇ Printed Program Ads *(circle size choice)*
 Full Page (7x10): \$350 1/2 Page (5x7): \$200
 1/4 Page (3 3/4" x 4 1/2"): \$125 Business Card (2" x 3.5"): \$ 75
- ◇ Resource Bag Insert - \$225

Step 3: Donate

- ◇ I would like to donate to the Giveaway *(Please fill out details on next page)*

Please list names of individuals working at booth.
(Two people are included. Additional people are \$15 each)

1. _____

2. _____

Additional booth workers at \$15 each *(if any)*

1. _____

2. _____

3. _____

4. _____

Price Worksheet

Step 1 \$ _____

Step 2 \$ _____

Step 3 Thank you!

Your support is needed to fund family-friendly legislative work. We humbly request all professionals to make an additional donation to support state advocacy efforts.

\$ _____

TOTAL \$ _____

Please complete next page

Decisions concerning participation in this event are at the sole discretion of RESOLVE: The National Infertility Association. RESOLVE will not discriminate against any person on the basis of race, creed, color, national origin, marital status, gender, sexual orientation, disability or any other classification protected by applicable state or federal law.

COMMITMENT FORM

continued

Other Ways to Partner: *(Please check at least 2)*

By supporting this event, we highly encourage professionals to distinguish themselves through creative participation both before and during the Summit. Build client loyalty by promoting your support of RESOLVE while creating a memorable event for all participants.

Your full participation in this partnership can only help your organization seek greater numbers in the infertility community. Below are some ideas that directly show greater participation increases opportunities. Please choose **at least two** from the following list and work with us to implement your choices. *(Please make your selections below)*

- Include a Summit blurb with your monthly billing statements *(RESOLVE will provide you the blurb via email for you to copy and include in your mailing).*
- Send a series of emails to your client database to promote the Summit *(RESOLVE will provide content).*

- Devote a minimum of one media buy to promote the Summit.
- Display/distribute co-branded promotional materials to your client and other business networks.
- Provide a giveaway item valued at no less than \$250. Consider prizes that will be attractive to a variety of participants, especially discounts on family building services, family friendly prizes, or pampering services.
- Use social media to promote Summit
- Other idea (s): _____

Please contact Lisa Houts at ResolveLisa@gmail.com or 952.270.3645 to discuss how these or other activities can be planned to support your company goals.

GIVEAWAY DONATION FORM

Item(s) Donated: *Please give detailed description(s)* _____

Company name *(if different than what's listed on Commitment Form)* under which donor would like to be acknowledged in printed materials _____

Value of Donation \$ _____

Please check one of the following:

- I will mail donation to: Lisa Houts, 16208 Ice Circle Drive, Wayzata, MN 55391 by October 27, 2017
- Gift Certificate included with form via email
- Donor will deliver item(s) morning of event by 7:30am
- Please arrange to pick up item(s) from me

Restrictions/limitations *(if any)* _____

If available, please provide material such as brochures or business cards for display *(subject to space availability)* at the event.

I, undersigned donor, hereby acknowledge and agree to provide the stated goods and/or services to the RESOLVE Family Building Summit.

Date _____

PAYMENT INFORMATION

Please invoice me If paying by check please do NOT mail the check until an invoice is received.

Please charge my: Visa MC American Express

Card Number: _____ Expiration Date: _____ Security Code: _____

Name on Card: _____

Billing Address: _____

Total Amount to be Charged: \$ _____ Signature: _____
(please use 'Price Worksheet' on page 3)

RESOLVE Accounting Use Only: GL: _____ Invoice # _____ Date Payment Processed: _____