



SEXUAL INTEGRITY
LEADERSHIP SUMMIT

2019 Training Summit Atlanta, GA

Host by

Johnson Ferry Baptist Church

2018 Sponsorship Levels

Diamond - \$5,000

- Three (3) full conference registrations
- Exhibit space including one table for promotion and sales
- Recognition in our Conference Packet and Signage, Social Media, and Newsletter
- Featured logo on event slides (before & after plenary, and during breaks)
- Five-minute mic time at a Plenary session or video
- Full page Ad in program

Platinum - \$2,500

- Two (2) full conference registrations
- Exhibit space including one table for promotion and sales
- Recognition in our Conference Packet and Signage, Social Media, and Newsletter
- Featured logo on event slides (during breaks)
- Half page Ad in program

Gold – \$1,500

- One (1) full conference registration
- Exhibit space including one table for promotion and sales
- Recognition in our Conference Packet, Social Media, and Newsletter
- Quarter page Ad in program

Exhibitor - \$500

- One (1) full conference registration
- Exhibit space including one table for promotion and sales
- Exhibit space will be in the atrium outside of breakout rooms

FOR MORE INFORMATION

Contact Alicia at alicia.hardeman@hopequestgroup.org



SEXUAL INTEGRITY
LEADERSHIP SUMMIT

SILS - 2019 Training Summit

May 2 - 4, 2018

FOR MORE INFORMATION



SEXUAL INTEGRITY
LEADERSHIP SUMMIT

Contact Alicia at alicia.hardeman@hopequestgroup.org

CONFERENCE LOCATION

Johnson Ferry Baptist Church

Marietta, GA

<http://www.johnsonferry.org/>

SPONSORSHIP LEVEL

<input type="checkbox"/> Diamond \$5,000	<input type="checkbox"/> Platinum \$2,500
<input type="checkbox"/> Gold \$1,500	<input type="checkbox"/> Exhibitor \$ 500

EXHIBITOR NAME: _____

AGENCY: _____

ADDRESS: _____

EMAIL: _____ DAYTIME PHONE: _____

SPONSORSHIP LEVEL DESIRED: _____

REGISTRANTS NAME/EMAIL: _____

REGISTRANTS NAME/EMAIL: _____

REGISTRANTS NAME/EMAIL: _____

Mail Check Payments to: PO Box 2699 Woodstock, Ga 30188

COMPLETE BELOW ONLY IF PAYMENT IS MADE BY VISA, MASTERCARD, DISCOVER OR AMERICAN EXPRESS

Acct# _____ - _____ - _____ - _____ Exp. Date ____/____ VIN# _____

X _____
(Cardholder Signature) (Company, If Applicable)

_____ Billing Address Street: _____

Print name as it appears on card) City, State, and Zip: _____
(Billing Zip Code is **required** to Process Card)