



iCAN Sponsor/Exhibitor/Advertiser Application

iCAN Conference—September 28th, 2017

The Artists Collective 1200 Albany Avenue, Hartford, CT 06112

Please complete this form and submit no later than August 7th, 2017.

*Fax or email completed forms to : Fax 1-855-750-9862 Email: ctbhp@beaconhealthoptions.com

Full Company/Agency Name: _____

Contact Name: _____ Title: _____

Email _____ Phone: _____

Person Attending: _____ Title: _____

Person Attending: _____ Title: _____

Company/Agency Address: _____

City: _____ State: _____ Zip: _____

Please select all appropriate check boxes below to indicate which sponsorship opportunities you are interested in:

Executive Sponsors:

- *Gold Sponsor\$3000
- *Silver Sponsor\$2000

Meal Sponsors:

- *Breakfast Sponsor\$500
- *Lunch Sponsor\$950

Exhibitor Table Sponsorships: (7 Available)

- Non-Profit/Advocacy Agency\$150
- Company/Provider Vendor\$300

Please Note: Only 2 Seats Available Per Table Sponsor

Advertising Sponsors:

- Inside Cover (1 Available) (5" W x 8" H)\$350
- Program Insert (5" W x 8" H)\$275
- Full Page Ad (5" W x 8" H)\$250
- 3/4 Page Ad (5" W x 5.875" H)\$200
- Half Page Ad (5" W x 3.875" H)\$150
- 1/4 Page* Ad\$75

*Horizontal (5" W x 1.75" H) Vertical (2.375" W x 3.875" H)

Ads can be submitted in full color in the following file formats: JPG, PNG, PDF

Community Supporter:

Community Supporters will be listed in the Conference Program.

- Community Supporter\$_____

Please indicate the total dollar amount for the sum of all sponsorship opportunities you are participating in here: \$_____

Fax or email completed forms to : Fax 1-855-750-9862 Email: ctbhp@beaconhealthoptions.com*

Once form is received, a confirmation email and invoice will be sent with payment instructions.