

**SPONSOR CONFIRMATION FORM**

Faith Connections on Mental Illness (FCOMI)

2017 Annual FCOMI Conference, **Transforming Lives: Overcoming Stigma in Mental Illness**

March 31, 2017 • Chapel Hill, NC • www.faithconnectionsmentalillness.org

**SPONSOR INFORMATION**

Organization Name (as should appear in acknowledgments) \_\_\_\_\_

Contact Name \_\_\_\_\_ Email \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

**REMINDER:** Conference registration will open December 5, 2016. Please remember to register if you plan to attend the conference! Lunch is included with each registration. For more information, please see our website.

**SPONSORSHIP LEVELS**

SUSTAINER (\$500)

- Would you like to use a display table?       Yes\* (table fee waived)       No
- Will you provide us your logo (preferably as .jpg)?       Yes       No

ADVOCATE (\$250)

- Would you like to use a display table?       Yes\* (\$75 table fee)       No

FRIEND (\$100)

- Would you like to use a display table?       Yes\* (\$100 table fee)       No

**\*IF YES FOR USE OF DISPLAY TABLE AT ANY SPONSORSHIP LEVEL:**

1. Please provide preferred contact for table display, if different name from above:

Name \_\_\_\_\_ Email \_\_\_\_\_ Phone \_\_\_\_\_

2. Would you like to pre-purchase lunch (\$10/person) for display table tenders who will *not* attend (and *not* register for) any conference session?       Yes (how many? \_\_\_\_\_ => total \$\_\_\_\_\_ )       No

<b>AMOUNT ENCLOSED:</b> Sponsorship	\$ _____
Display table fee (if applicable)	\$ _____ (Advocate: \$75; Friend: \$100)
Table tender's lunch (if applicable)	\$ _____ (\$10/person; for nonregistrants only)
<b>TOTAL</b>	<b>\$ _____</b>

**METHOD OF PAYMENT**

Check enclosed, payable to Faith Connections on Mental Illness

Credit Card Payment:       Visa       Mastercard      Credit card number \_\_\_\_\_

Name on Card \_\_\_\_\_ Exp Date \_\_\_\_\_ 3-digit code (on back of card) \_\_\_\_\_

Billing Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Authorized Signature \_\_\_\_\_

<p><b>MAIL TO:</b> Faith Connections on Mental Illness          PO Box 3502          c/o Hugh Tilson, Treasurer          Chapel Hill, NC 27515</p>
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<p>FCOMI is a 501(c)(3) nonprofit organization. Your donation is tax-deductible to the extent of the law.</p> <p><b>***THANK YOU FOR YOUR GENEROSITY***</b></p>
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