

2nd Annual iCAN Conference

"DEMONSTRATING TRUE PARTNERSHIPS"

SAVE THE DATE!

THURSDAY SEPTEMBER 22, 2016

THE ARTISTS COLLECTIVE 1200 ALBANY AVENUE HARTFORD, CT 06112 8:30AM - 3:00PM

SIGN IN 8:30 - 9:00 AM MORNING SPEAKERS & BREAKOUT SESSIONS 9:00 - NOON LUNCH TIME

AFTERNOON SPEAKERS & BREAKOUT SESSIONS 1:00 - 2:30 PM

S CLOSING S 2:30 - 3:00 PM

ABOUT THE CONFERENCE

The Consumer and Family Advisory Subcommittee and the Connecticut Behavioral Health Partnership (CT BHP) are proud to host the second annual iCAN Conference. The goal of the iCAN Conference is to demonstrate true partnership among CT Medicaid consumers, agencies, and providers. By forming partnerships that will offer education about the programs, services and resources available throughout the state and through the CT BHP, we are helping people live their lives to the fullest potential.

<u>Please Note</u>: Exhibitor/Sponsorship And Registration Details Are Coming Soon! Registration Will Be Required Of All Attendees.



CONFERENCE

PARTNERSHIP OPPORTUNITIES



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iCAN Sponsor/Exhibitor/Advertiser Application

iCAN Conference—September 22nd, 2016

The Artists Collective 1200 Albany Avenue, Hartford, CT 06112

Please complete this form and submit no later than August 5th, 2016.

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

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ease se	lect all appropriate check boxes below to indicate whic	ch sponsorship opportunities you are interested in:			
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	Executive Sponsors: Meal Sponsors:				
	*Gold Sponsor\$3000	□ *Breakfast Sponsor\$500 □ *Lunch Sponsor\$950			
	*Silver Sponsor\$2000				
	Exhibitor Table Sponsorships:				
	(2 seats pe	er table)			
	Company Vendo	or\$300			
	Advertising S	ponsors:			
	Back Cover/Inside Cover (5" W x 8" H)				
	Program Insert (5" W x 8" H)	\$275			
П	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				
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Ads	s can be submitted in full color in the foll	Iowing file formats: JPG, PNG, PDF			
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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.



Sponsorship Not Right For You? Then Consider These Options:

Back Cover/Inside Cover Ad:	\$350
Program Insert:	\$275
Full Page Ad:	\$250
3/4 Page Ad:	\$200
1/2 Page Ad:	\$150
1/4 Page Ad:	\$75

Advertisement Dimensions:

Back/Inside Cover Page Ad:	5″W x 8″H
Program Insert:	5"W x 8"H
Full Page Ad:	5″W x 8″H
3/4 Page Ad:	5"W x 5.875"H
1/2 Page Ad:	5"W x 3.875"H
1/4 Page Horizontal Ad:	5"W x 1.75"H
1/4 Page Vertical Ad:2.3	75"W x 3.875"H

Please Note: All ads can be submitted in color in JPG, PNG, or PDF format.

Are you ready to help?

If you would like to participate in one of the available sponsorship or advertising opportunities, please complete the iCAN Sponsor/Exhibitor/Advertiser Application. On the form, please indicate which opportunities you are interested in then submit your application via fax or email. You will receive a confirmation email with instructions on how to submit your payment once your application is received.

Do you have questions?

If you have questions, please email us at CTBHP@BeaconHealthOptions.com so we can assist you.

MEAL SPONSORSHIP: \$500 - \$950

Logo on signage placed on food tables

- Organization logo in event program
- Organization logo on intro PowerPoint

Breakfast Sponsorship: \$500 Luncheon Sponsorship: \$950

EXHIBITOR SPONSORSHIP: \$150 - \$300

- Exhibitor table in main room
- 2 Exhibitor passes

Commercial Vendor: \$300 Non-Profit Vendor: \$150



Partnerships with community organizations allow us to continue our work towards building stronger communities.

Beacon Health Options

500 Enterprise Drive Suite 3D Rocky Hill, CT 06067

(877)552-8247CTBHP@BeaconHealthOptions.com