

The Arc of Illinois

2025 Annual Convention

Sponsor and Exhibitor's Registration Form

**In-Person Tuesday, April 22nd, 8:00 a.m. - 5:00 p.m.
and Wednesday, April 23rd, 8:00 a.m. - 2:00 p.m.**

- | | | | |
|---|---------|--|-------|
| <input type="checkbox"/> Diamond Sponsor | \$7,500 | <input type="checkbox"/> Inclusion Sponsor | \$750 |
| <input type="checkbox"/> VIP Sponsor | \$5,000 | <input type="checkbox"/> Exhibitor | \$500 |
| <input type="checkbox"/> Keynote Sponsor | \$2,500 | <input type="checkbox"/> Family Group Exhibitor | \$250 |
| <input type="checkbox"/> Champion Sponsor | \$1,500 | <input type="checkbox"/> Self-Advocate Exhibitor | \$75 |

Additional Opportunities (A La Carte Options):

- | | | | |
|---|----------|---|-------|
| <input type="checkbox"/> AV & Media Sponsor | \$10,000 | <input type="checkbox"/> Breakfast Sponsor | \$750 |
| <input type="checkbox"/> WIFI Sponsor | \$1,500 | <input type="checkbox"/> Scholarship Sponsor
#____ of Scholarships | \$500 |
| <input type="checkbox"/> Lanyard Sponsor | \$1,000 | <input type="checkbox"/> Materials Placed in
Participant's Bag | \$100 |

Sponsor/Exhibitor Contact Information:

Name: _____
 Email: _____ Phone: _____

Representative Attending if different from above:

Name: _____
 Email: _____ Phone: _____

Additional Representative Attending:

Name: _____
 Email: _____ Phone: _____

Method of Payment
<input type="checkbox"/> Check Enclosed
<input type="checkbox"/> Fax & Mail Check
<input type="checkbox"/> Credit Card

Credit Card # _____
 Exp. Date _____ CVV Code _____ Billing Zip Code _____
 Signature _____

Contact Information as it should appear in the Program Book and Online Exhibitor Hall:

Business or Agency: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Web Address: _____

Please provide a brief description of your Exhibit for the Program Book and Microsite.

Please consider participating in the Silent Auction.

- I will bring the item to The Arc of Illinois office
- I will send the item to be delivered to The Arc of Illinois office
- I will bring the item to the Annual Convention at the Marriott Hotel in Bloomington-Normal, IL; included are pictures of the item

Item Description: _____

Retail Value: _____

**Mail the registration form and check to: The Arc of Illinois
9980 190th St., Suite C, Mokena, IL 60448
Fax to 815-464-5292 Email to Becca@thearcofil.org**