



Florida Supportive Housing Coalition and Florida Coalition for the Homeless

3rd Annual Statewide Conference

Changing Times: Creative Vision for Housing and Services

Hilton Clearwater Beach

October 26 - 27, 2009

<http://conference.fishc.net>

Sponsorship/Exhibitor Application and Contract

General Sponsorship Levels

___ Visionary	\$ 20, 000	___ Trendsetter	\$ 5, 000
___ Change Agent	\$ 15, 000	___ Creative Thinker	\$ 2, 500
___ Innovator	\$ 10, 000	___ Leader	\$ 1, 500

Tabletop Exhibits

_____ \$350 FLSHC/FCH Members _____ \$450 Non-Members

Take-One Exhibits/Portfolio Stuffers

___ Take one@ \$150 FLSHC/FCH Members ___ Take one@ \$200 Non-Members

___ Stuffers@ \$200 FLSHC/FCH Members _____ Stuffers@ \$250 Non-Members

Program Advertising

Members: \$200-Full Page (7 1/2" X 10") / \$150 -Half Page (7 1/2" X 4 1/2 ") / \$100 Quarter Page (4 1/2" X 3 1/2")

Non-Members: \$250-Full Page (7 1/2 " X 10") / \$200 -Half Page (7 1/2" X 4 1/2 ") / \$150 Quarter Page (4 1/2" X 3 1/2")

Ancillary Sponsorships

Please Include donation amounts in the spaces provided below.

General Session/ Workshop: \$ _____

Refreshment Breaks: Morning \$ _____ Afternoon \$ _____

Monday Night Reception \$ _____

Conference Bags \$ _____

Conference Badges \$ _____

Scholarships for Registration and Room \$ _____

I hereby agree to sponsor/ exhibit at the Joint Florida Supportive Housing Coalition and Florida Coalition for the Homeless 2009 Annual Conference at the amount selected above.

Signature _____ Date: _____

Attach a 75 word or less company description for Conference Program Listing

Contact and Payment Information

Name of Organization: _____

Contact: _____

Title: _____

Address: _____

City /State: _____

Phone:(_____) _____ - _____ Fax:(_____) _____ - _____

Email: _____

Payment Information

_____ Check Enclosed

_____ Please Charge my credit card

Amount \$ _____

Name on Card: _____

Card Number: _____ Exp Date: _____

Authorized Signature:

Date: _____

Please Return Contract and Full Payment to :



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