

2024 Greater Minnesota Nonprofit Summit Sponsorship Opportunities

September 19, 2024 • Chase on the Lake • Walker, Minnesota



Recognition in Conference Marketing Materials	Platinum (\$2,500)	Gold (\$1,000)	Silver (\$500)
Recognition on all conference webpages	Large Logo	Small Logo	Name
Recognition in all conference email messages	Large Logo	Small Logo	Name
Recognition in conference brochure	Large Logo	Small Logo	Name
Logo and link on the sponsor webpage	Large Logo	Small Logo	Name
Tweets from MCN with conference hashtag	3	2	1
Recognition in Conference Marketing Materials	Platinum (\$2,500)	Gold (\$1,000)	Silver (\$500)
Invited to give brief welcome from the podium prior to the keynote	◆		
Logo on conference signs during event	◆		
Recognized by plenary emcee as sponsor	◆	◆	◆
Logo on front of Summit program book	◆		
Recognition in program book and on plenary screens	Logo	Logo	Name
Display advertisement in Summit program book	Full-page	Half-page	Quarter-page
Recognition in Conference Marketing Materials	Platinum (\$2,500)	Gold (\$1,000)	Silver (\$500)
Full conference exhibit package (valued at \$250) <i>*Exhibit table space limited to five sponsors</i>	◆	◆	◆
Complimentary admissions to all Summit events	6	4	2
Conference attendee mailing list (direct mail only)	◆	◆	

For questions and more information, please contact Kelly LaCore, Northern Minnesota Regional Representative, at 218-206-5711 or klacore@minnesotanonprofits.org.

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Company/Organization Information

(Contact person's name - for logistical information)

(Contact person's phone)

(Contact person's email)

(Business name - as it should appear in print)

(Organization's street address)

(City, State, Zip)

(Website - as it should appear and link to)

Conference Sponsorship Levels

◇ Platinum Level Sponsorship (\$2,500)

◇ Gold Level Sponsorship (\$1,000)

◇ Silver Level Sponsorship (\$500)

Conference Exhibits (free with sponsorship)

◇ Exhibit Table Only (\$250)

**Exhibit table space limited to five sponsors*

Payment Information

◇ Check Enclosed

◇ Please Bill My Credit Card

Amount Enclosed _____

(Card Number)

(Exp. Date)

CVV Code

(Name - as it appears on card)

(Organization Name - if corporate card)

(Business Address - if different than above)

(Cardholder Signature)



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