

2025 Contract & Order Form

SPONSORSHIP OPPORTUNITIES – FULL YEAR *Please indicate the additional benefit chosen:*

CHAMPION \$18,750 _____

Meeting Room Wi-Fi Hotel Room Keycards Conference App Conference Chatbot Charging Station Journal Swag Bag

COLLABORATOR \$11,500 _____

Conference Signage Water Bottle Hand Sanitizer 3-in-1 Charging Cable

BENEFACTOR \$5,000 _____

Coffee Breaks (two opportunities) Snack Items (two opportunities) Scrambler/Mind Puzzle (two opportunities)

SPONSORSHIP OPPORTUNITIES – SINGLE CONFERENCE *Please indicate level and conference(s) chosen:*

SUMMIT '25	<input type="checkbox"/> INFLUENCE \$6,750	<input type="checkbox"/> BUILD \$4,750	<input type="checkbox"/> BUILD + Swag Bag Item \$5,575	<input type="checkbox"/> CONNECT \$3,500	<input type="checkbox"/> TABLETOP \$1,850
EMWB '25	<input type="checkbox"/> INFLUENCE \$6,750	<input type="checkbox"/> BUILD \$4,750	<input type="checkbox"/> BUILD + Swag Bag Item \$5,575	<input type="checkbox"/> CONNECT \$3,500	<input type="checkbox"/> TABLETOP \$1,850
NSDTA '25	<input type="checkbox"/> INFLUENCE \$6,750	<input type="checkbox"/> BUILD \$4,750	<input type="checkbox"/> BUILD + Swag Bag Item \$5,575	<input type="checkbox"/> CONNECT \$3,500	<input type="checkbox"/> TABLETOP \$1,850
PHSA '25	<input type="checkbox"/> INFLUENCE \$6,750	<input type="checkbox"/> BUILD \$4,750	<input type="checkbox"/> BUILD + Swag Bag Item \$5,575	<input type="checkbox"/> CONNECT \$3,500	<input type="checkbox"/> TABLETOP \$1,850

À LA CARTE OPPORTUNITIES *Please indicate à la carte opportunity and conference(s) chosen:*

SUMMIT '25	<input type="checkbox"/> Engagement Opp.	<input type="checkbox"/> Keynote Speaker	<input type="checkbox"/> Continental Breakfasts	<input type="checkbox"/> Headshot Lounge	<input type="checkbox"/> Meditation/Quiet Room	<input type="checkbox"/> Wellness Challenge	<input type="checkbox"/> Massage Retreat
EMWB '25	<input type="checkbox"/> Engagement Opp.	<input type="checkbox"/> Keynote Speaker	<input type="checkbox"/> Continental Breakfasts	<input type="checkbox"/> Headshot Lounge	<input type="checkbox"/> Meditation/Quiet Room	<input type="checkbox"/> Wellness Challenge	<input type="checkbox"/> Massage Retreat
NSDTA '25	<input type="checkbox"/> Engagement Opp.	<input type="checkbox"/> Keynote Speaker	<input type="checkbox"/> Continental Breakfasts	<input type="checkbox"/> Headshot Lounge	<input type="checkbox"/> Meditation/Quiet Room	<input type="checkbox"/> Wellness Challenge	<input type="checkbox"/> Massage Retreat
PHSA '25	<input type="checkbox"/> Engagement Opp.	<input type="checkbox"/> Keynote Speaker	<input type="checkbox"/> Continental Breakfasts	<input type="checkbox"/> Headshot Lounge	<input type="checkbox"/> Meditation/Quiet Room	<input type="checkbox"/> Wellness Challenge	<input type="checkbox"/> Massage Retreat

QUESTIONS OR TO SUBMIT COMPLETED FORMS AND PAYMENTS, PLEASE CONTACT

Exhibit and Advertising Sales Team

Anna Nogueira or Phil Galanty

American Public Human Services Association (APHSA)

1300 17th Street North, Suite 340, Arlington, VA 22209

T: (800) 856-8567 | E: anogueira@aphsa.org

All contracts must be complete, signed, and prepaid.

BILLING INFORMATION *If different than contact info*

Name: _____

Title: _____

Address: _____

City, State: _____

ZIP: _____ Phone: _____

Email: _____

ORDER TOTAL \$ _____

PAYMENT INFORMATION

Check #: _____

MasterCard Visa Am. Ex. Please Invoice

Credit Card #: _____

Expiration Date: _____ / _____

By signing this form, you permit us to debit your account for the amount indicated. This authorization is permission for a single transaction only and does not provide for any additional unrelated debits or credits to your account.

Cardholder Name: _____

Cardholder Signature: _____

Authorized Name: _____

Authorized Title: _____

Authorized Signature: _____

SPONSOR INFORMATION

Company/Organization: _____

Website: _____

ADDITIONAL ATTENDEES

Please add the full name(s) below for allotted complimentary registration(s)

CONTACT INFORMATION

Name: _____

Title: _____

Address: _____

City, State: _____

ZIP: _____ Phone: _____

Email: _____



APHSA Event Sponsorship Opportunities 2025

For more information, please contact:

Sponsorship Sales Team

Anna Nogueira or Phil Galanty
T: (800) 856-8567 | E: anogueira@aphsa.org

Director, Membership and Events

Donna Jarvis-Miller, CMP, CEM
T: (202) 866-0569 | E: djarvis-miller@aphsa.org

American Public Human Services Association

1300 17th Street North, Suite 340, Arlington, VA 22209

www.APHSA.org



updated 2/3/2025

