

# Special Education Advocacy Summit

December 1st-3rd, 2022 | Detroit, MI

Presented By



**MiPAAC**  
MICHIGAN PARENT, ADVOCATE  
& ATTORNEY COALITION

Powered by  Autism Alliance  
of Michigan

+

**Wrightslaw**

## Sponsorship Opportunities

### **Gold Sponsor | \$2,500**

- Opportunity to speak in person or on pre-recorded video
- Social media post on Facebook and LinkedIn featuring the sponsorship
- Logo incorporated into Lanyards and Name Tags provided to all attendees
- Two complimentary tickets or sponsor two scholarship attendees with your support (\$250 value)
- Logo printed on all Gift Bags given away to every attendee
- Marketing materials included in the Gift Bags- Sponsor is responsible for providing AAoM with their marketing materials in a timely manner
- Logo posted to MiPAAC Summit website and hyperlinked to website of your choice
- Acknowledgement of sponsorship of physical and digital signage at event

### **Silver Sponsor | \$1000**

- One complimentary ticket or sponsor one scholarship attendee with your support (\$125 value)
- Logo printed on all Gift Bags given away to every attendee
- Marketing materials included in the Gift Bags
- Logo posted to MiPAAC Summit website and hyperlinked to website of your choice
- Acknowledgement of sponsorship of physical and digital signage at event

### **Bronze Sponsor | \$500**

- Marketing materials included in the Gift Bags
- Logo posted to MiPAAC Summit website and hyperlinked to website of your choice
- Acknowledgement of sponsorship of physical and digital signage at event

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Karen Colina  
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*I want to be a:*

**Gold Sponsor**  
(\$2,500)

**Silver Sponsor**  
(\$1,000)

**Bronze Sponsor**  
(\$500)

Please mail form to:

**Autism Alliance of Michigan**

**26913 Northwestern Hwy Ste. 520 Southfield, MI 48033**

Company/Organization/Individual: \_\_\_\_\_

Website Url: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Please choose one of the following:

Check:  Enclosed (payable to Autism Alliance of Michigan)

Will be mailed separately

Credit:  Visa  Mastercard  American Express

CARD NUMBER

SECURITY CODE

EXP. DATE

NAME (As it appears on the card)

EMAIL

PHONE

ZIP

BILLING ADDRESS (If different than above)

DATE

[MiPAAC.org/summit](https://MiPAAC.org/summit)

For more information, contact Heather Eckner at 734.646.4114 or [Heather.Eckner@aaomi.org](mailto:Heather.Eckner@aaomi.org) if you have any questions or would like to discuss a custom sponsorship package