



NEBRASKA SCHOOL MENTAL HEALTH CONFERENCE

MAY 28-29, 2025

Younes Conference
Center North

SPONSORSHIP LEVEL	FOUNDER	VISIONARY	CHAMPION	LEADER	AMBASSADOR
	\$10,000	\$7,500	\$5,000	\$2,500	\$1,000
Number of conference registrations, including meals & reception	12	10	8	4	3
Booth	●	●	●	●	●
Slide loop, website, social media tag	●	●	●	●	●
Logo print materials	●	●	●	●	
Logo at registration	●	●	●	●	
Stage thank you	●	●	●		
Press release	●	●	●		
Logo on stage	●	●			
Individual social media post	●	●			
Relevant video shown during event or mic moment	●				

SELECT LEVEL HERE ▶

A sponsor at any level may choose any of the following without additional limitation

A branded item for 525 attendee swag bags

Please notify [Natalie Wallace](#) of the item you intend to include as soon as possible so she can ensure there are no duplicate item types. If another sponsor is already including that item, we will request a different one from you.

Five signed copies of keynote speakers' books

Reserved seating in general sessions

Seating is guaranteed for the number of registrants included in your sponsorship, but it may be increased to include additional representatives of your organization if needed. If reserved seating is selected, it is the expectation that this seating remains mostly full throughout the entirety of the conference.



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Add-on or standalone sponsor benefits

Sponsors may choose to either:

Add a benefit from the list below to your previously selected sponsorship package for a discounted price

Select a benefit from the list below for the standalone price

You may "own" one of the following areas with specific signage, be mentioned in the event app and website, and have the opportunity to customize the experience.

Welcome and photo opp

\$1,500 add-on to sponsorship package or
\$3,000 standalone

Self-care room

\$2,500 add-on to sponsorship package or
\$5,000 standalone

General session

\$3,500 add-on to sponsorship package or
\$6,000 standalone

Reception

\$5,000 add-on to sponsorship package or
\$7,500 standalone

Company Name:

Contact Name:

Contact Phone:

Contact Email:

Amount: \$

Check Enclosed

Visa

Mastercard

AMEX

Discover

Credit Card Number:

Expiration

CSC:

Billing Address:

City:

State:

ZIP:

Authorized Signature: _____

Do you intend to use your conference registrations? YES

NO

If so, please provide the names of the attendees by **May 1, 2025**, to nwallace@thekimfoundation.org

** Unused registrations may be donated to local educators and students who could not attend otherwise.

Checks can also be mailed to:

The Kim Foundation - 11949 Q Street - Omaha, NE 68137

For additional conference information, contact:

Natalie Wallace, 402-891-6998, nwallace@thekimfoundation.org

