



## CREATING CONNECTIONS IL YMCA FALL STAFF RALLY SPONSORSHIP

The Illinois State Alliance of YMCAs is comprised of forty-three corporate YMCAs from across Illinois. The Alliance has evolved to leverage the collective strength of Illinois YMCAs, build a data-sharing network for members, advocate for causes important to Illinois Ys, and educate the larger community on the Y's impact. Simply put, the purpose of the Alliance is to enhance the relevancy and sustainability of Illinois YMCAs.

We invite you to partner with the Alliance as a corporate sponsor or exhibitor of the Fall Staff Rally – our largest event with 200+ YMCA staff in attendance. Align your brand with the YMCA in a meaningful way while building relationships with Y staff and volunteers, thus generating a return on your investment.

FALL STAFF RALLY SPONSORSHIP LEVELS OF SUPPORT SEPTEMBER 26-27, 2024 • BLOOMINGTON-NORMAL, IL	PREMIERE SPONSOR \$4,000 (limit 2)	ACTIVITY SPONSOR \$2,000 (limit 6)	VENDOR SPONSOR \$1,000 (unlimited)
Premier vendor space (two 6-foot tables)	•		
Free electrical and hard wire computer upgrade	•		
Sponsor logo on front of conference material	•		
15-minute presentation to CEOs (Friday morning)	•		
Sponsor logo on signage in main ballroom	•	•	
Option to present a 45-minute workshop (Thursday am)	•	•	
Choice of vendor location (Ballroom or Hallway)	•	•	
One 6-foot vendor table space		•	•
Logo in program brochure	•		•
Conference attendee contact information*	•	•	•
Two complimentary lunch tickets for Thursday luncheon	•	•	•

<sup>\*</sup>Due to privacy regulations, we can only provide contact information for attendees that give their consent.



## **ILLINOIS STATE ALLIANCE OF YMCAS**

Wendy Bonilla, Director of Alliance Services wendy.bonilla@illinoisymcas.org | 309-236-0645

## ILLINOIS STATE ALLIANCE OF YMCAS • • • 2024 SPONSORSHIP

rali Staff Rally Sp	onsor/ vendor Regis	Stration Form (Email	form to wendy.bonilla@illinoisymcas.	org)
Sponsorship Level:	☐ Premier \$4,000	☐ Activity \$2,000	☐ Vendor \$1,000	
Name of Company: _				
Type of Goods Sold:				
Company Address: _				
Contact Person:		Contact Phone	<b>:</b>	
Contact Email:				
Fall Staff Rally Vendo	or Contact Information			
Name of Company Re	presentative:			
Cell Phone:		Email:		
Total number of exhib	oitors attending:			
Names of other atten	dees:			
Needs (please check)	: Electricity	☐ Internet	☐ 6-foot table and two chairs	
Do you plan to bring a	a display?			
Are you bringing larg	e equipment that require	s set up the night before?		—
What other informati	on would you like to share	e with us?		
Payment informa	ntion:			
Please send invo	ice to:			
Please charge cr	edit card below			
Credit Card Payment	t VISA or MasterCard a	ccepted, please check on	e: 🗌 VISA 🔲 MasterCard	
Name on Card:				
Card Number:				—
Expiration Date:			CVV:	
Address:			Zip:	

## **Illinois State Alliance of YMCAs**

c/o YMCA of Rock River Valley, Attn: Jan Tullock, 200 Y Blvd., Rockford, IL 61107