2025 Fall Leadership Summit

Promote your brand and support our next generation of leaders by partnering with MN FCCLA at our Fall Leadership Summit from November 14-15! Partners gain direct access to our 4000+ members, 75 Family and Consumer Science educators, and 150+ highly motivated summit attendees.

Please indicate your partnership type and complete the information below. Thank you for your kind support!

☐ **Ultimate Leadership Sponsor ($1000)**

- Opportunity to address attendees at either the opening or closing ceremonies
- Recognized in remarks at the opening and closing ceremonies and on social media
- Your logo displayed on its own 11x17 sign behind the registration desk, on the conference webpage, pre-conference attendee packet, on signage throughout the conference, and in follow-up conference correspondences
- Pre-Conference lunch and dinner ticket
- Complimentary exhibit space and a feature in program book

  ☐ YES: we would like an exhibit space for Friday, November 14

☐ **Red Sponsor ($500)**

- Recognized in remarks at the opening and closing ceremonies and on social media leading up to the conference
- Your logo on the conference webpage, pre-conference attendee packet, and in follow-up conference correspondences
- Pre-Conference lunch
- Complimentary exhibit space and a feature in program book

  ☐ YES: we would like an exhibit space for Friday, November 14

☐ **Contributing Sponsor ($100)**

- Your logo on the conference webpage, pre-conference attendee packet, and in follow-up conference correspondences.

☐ **Exhibitor ($100)**

- Listed in all print materials and on the website
- Pre-Conference lunch

More information on back.

Email this form to patrick.mitchell@mnfccla.org or call (651) 330-2950.

If paying by check, please make checks payable to "Minnesota FCCLA" and mail with form to:

Minnesota FCCLA

PO Box 1131386

Roseville, MN 55113

Amount Enclosed: _____

☐ Check (payable to “Minnesota FCCLA”) ☐ Credit Card (MasterCard, Visa, Discover or American Express)

Credit Card Number: _____ Credit Card Zip Code: _____

Expiration Date: _____ CVV (code on back): _____

Name on Card: _____

Institution/Organization/Individual (as you would like it to appear on conference materials):

_____

Contact Person: _____

Phone: _____ Email: _____

Please provide a brief description of your organization, group, or institution and the products, programs, and offerings you would like to highlight in the program:

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