



Reach Thousands of **Employee Benefits & HR Professionals** Across the Southeast

Sponsor SBEN TODAY!

The Southeast Benefits Education Network (SBEN) is dedicated to creating quality education and networking opportunities for benefits and human resource professionals through out the Southeast. We are committed to having a positive impact on the industry.

*We **need sponsors** to assist us in our mission. This partnership will undoubtedly have a positive impact on the constantly changing world of **Employee Benefits** in this region.*



*SBEN Sponsors are viewed as more than just service providers to the benefits industry - they are viewed as **knowledge experts**.*

Your sponsorship will reach a target audience of benefits and human resource professionals. We offer options that include an opportunity to deliver an impactful message at virtual events and/or represent your Company with an exhibit table at our in-person Annual Education Conference, including logo placement that will be visible and impactful.

Check out the great opportunities!



Take advantage of our Premier Sponsorship

We are pleased to announce we have reinvented the SBEN Premier Sponsorship. It is still a year-round opportunity to build stronger relationships with employee benefits decision-makers. The sponsorship includes:

- Sponsorship of the Annual Educational Conference | Value \$2,750
- Sponsorship of our Holiday Social | Value \$650
- Memberships - 2 for your company and 2 for your clients | Value \$800
- Brand visibility on the SBEN home page and special recognition in SBEN communications | Value \$500



This sponsorship is valued at more than \$5,000

Returning Sponsors \$3,000

New Sponsors \$3,500

Event Descriptions:

- **Annual Educational Conference**
The Annual Educational Conference is expected to attract approximately 100 professionals. To be held at a wonderful venue in the general Atlanta area. This includes a day and a half of educational sessions with social events. This in-person event offers exhibit tables and meals that support networking with the sponsors.*
- **Holiday Social:** Just that – this is a social, a time to network, unwind and have some fun!

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Ala Cart Pricing

We understand that the Premier Sponsorship is simply not for everyone. With this in mind, we offer ala cart options:

Annual Educational Conference: \$2,750

- Logo placement at the event and on promotions
- 6ft Table at event*
- 2 Passes for your Company | 2 Passes for an Employer

Holiday Social: \$650

- Premium Logo placement at the event and on promotions
- 3 Passes for your Company | 3 Passes for an Employer

SBEN Supporter: \$1,500

- Logo placement on event emails and website
- 2 Passes for your Company to every event | 2 Passes for an Employer (Passes for Annual Conference included: Value \$1500-\$2000)
- 2 Memberships for your Company | 2 Memberships for an Employer



*Our Premium Sponsorship is available for \$3,500
This is a savings of \$1,500!*

If you sponsored in 2021, this sponsorship is now available for just \$3,000.

*If an event is forced to held virtually, we will offer sponsor showcases (15 min breakout sessions for you to offer content you wish to present)



Sponsorship Agreement

The following describes the sponsorship agreement between Southeast Benefits Education Network (SBEN) and Sponsor:

Sponsor Name: _____

- SBEN will provide Sponsor conference attendee registration lists in excel format. Sponsor agrees to not disclose attendee registration lists to outside parties. **Sponsor agrees not to extend invitations or call meetings that would encourage absence during the posted hours of the conference.**
- SBEN will not incur additional expenses associated with this sponsorship except those required for the promotion and staging of the event.
- SBEN does not assume any responsibility for the protection and safety of sponsor displays, or the protection of property used in connection with the display from theft or damage by any cause.
- In the event of cancellation due to circumstances within its control, the liability of SBEN shall be limited to a refund of your sponsorship fee. In the event of cancellation by sponsor, no refunds will be given unless written notification is provided to SBEN 90 days prior to the conference.
- Sponsor agrees to defend, indemnify and hold harmless SBEN from and against all claims, actions, causes of action, or liabilities, including reasonable attorneys' fees, arising out of or resulting from any act undertaken or committed by Sponsor pursuant to the performance of its obligations under this agreement.
- SBEN will offer the corresponding benefits (listed on page two of this document) with the sponsorship(s) selected, once full-payment is received.
- Please note that with complimentary registrations, a form will be provided to the sponsor, and must be completed by the sponsor.
- This shall constitute the entire agreement, and Sponsor agrees to abide and conform to these terms. In the event of fire, strikes or other uncontrollable circumstances, this agreement will not be binding.

Please indicate which sponsorship you are selecting:

- **Premier Sponsorship VALUED AT \$5,000+ - \$3,000 for returning sponsors
\$3,500 for new sponsors**

Ala Cart Options

- **Annual Conference - \$2,750**
- **Holiday Social - \$650**
- **SBEN Supporter - \$1,500**

Total for above sponsorships: _____

You agree to pay this amount.

Accepted By:

Sponsor's Authorized Representative

DATE



Sponsorship Agreement Continued

Contact Person

For questions regarding this sponsorship, SBEN should contact:

Name: _____

Title: _____

Phone: _____ Email: _____

Secondary Contact:

Name: _____

Title: _____

Phone: _____ Email: _____

For Annual Education Conference Sponsors,
please confirm if your company would like to accept the included display table option:

Yes, we plan to use the display table as described in the sponsor agreement.

No, we would not like a display table.

Payment Method Sponsorship Fee: \$ _____

Please indicate your method of payment.

Check enclosed, payable to Southeast Benefits Education Network

Credit card payment

Card Type: VISA MC AMEX

Card Number: _____ Exp. Date: _____ Zip Code: _____

Card Holder's Name (Please print): _____ CVV: _____

Signature: _____

Please complete both pages of this agreement and return to:

Southeast Benefits Education Network events@sben.org

Mail Checks to:

SBEN

10260 N. Central Expressway, Suite 285

Dallas, TX 75231

Questions? Call SBEN at 404-812-9132

Thank you!