



Regional Conference  
February 20-21, 2017  
Ballantyne Hotel  
Charlotte, North Carolina

## Sponsorship & Exhibitor Invitation

At SBEN, you are part of a community of Benefits Professionals dedicated to ongoing education, networking opportunities, the cultivation of relationships and the pursuit of personal and professional development. With over 135 members in the Southeastern United States, SBEN provides a forum for Benefits Professionals of all disciplines to share information, learn, grow and succeed.

We are very excited to offer sponsorship and exhibitor opportunities for the upcoming Regional Conference in February 20-21 in Charlotte. The Conference will include presentations and panel discussions where members can learn from industry experts and the experience of plan sponsors. Topics at the conference will include a Congressional and Legislative Update, A Presentation by Carolinas Healthcare on their experience with full replacement CDHP, Best Practices for Dealing with the DOL, The New Fiduciary Rule, Tele-Medicine, Successful Communication Strategies and a dedicated Roundtable Discussion for Plan Sponsors.

We invite you to participate at our Regional Conference. As a non-profit organization, we depend on the support of organizations that share our desire to promote sound business practices in the employee benefits field. SBEN programs present an unmatched opportunity to build stronger relationships with employee benefits decision-makers and leaders through exceptional networking and business development opportunities for sponsors and attendees. You can distribute your company's materials at a display table set up near the registration area throughout the conference. Supporting SBEN's Regional Conference is one of the most efficient ways to introduce your organization to the leading benefits professionals in the Southeast region.

I look forward to seeing you at the Conference!

Angela Means  
Executive Director, SBEN  
3422 Pierce Dr NE  
Atlanta, GA 30341  
678.637.5662  
404.812.9132  
[ameans@sben.org](mailto:ameans@sben.org)



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## Sponsorship & Exhibitor Options

SPONSORSHIP PACKAGE: <b>\$1500</b>	EXHIBITOR PACKAGE: <b>\$750</b>
Two conference registrations	One conference registration
Sponsorship of Conference Breakfast, Break or Lunch	
Access to the Conference registration list prior to the event and after the event	Access to the Conference registration list after the event
Opportunity to introduce a Conference session	
Premier Logo Placement on all signage throughout the Conference	Logo Placement on all signage throughout the Conference
Acknowledgement during the Conference opening announcements and Slideshow	
Logo on SBEN website	Logo on SBEN website
Option to include collateral material and small “give-away” in attendees packet at the Conference	Option to include collateral material and small “give-away” in attendees packet at the Conference
Vendor exhibit table, staffed	Vendor exhibit table, staffed



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## **SBEN Members and Conference Participants**

At the SBEN Regional Conference you will have the opportunity to meet and mingle with employee benefits executives from across the Southeast looking to learn the latest strategies in healthcare and retirement plan design. The following organizations are active participants in SBEN and our events:

Alere  
Americold  
Amick Farms  
BBVA Compass  
Caraustar Industries, Inc.  
Carolinas Healthcare System  
Catlin, Inc.  
Chick-Fil-A  
Childrens Healthcare of Atlanta  
Coca-Cola Refreshments  
Crowder Constructors  
Daimler Chrysler  
DeKalb County Government  
DeKalb Medical  
Delta Airlines  
Genuine Parts  
Gypsum Management & Supply, Inc.  
Havertys Furniture  
Honda Manufacturing Of Alabama  
Intercontinental Hotel Group  
National Vision, Inc.  
Nemours  
NHS Management LLC  
O'Neal Industries  
Popeyes  
Printpack  
Republic National Distributing Company LLC  
Sonepar USA  
Southern Company  
Vulcan Materials Company



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## Sponsorship or Exhibitor Agreement

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

[COMPANY NAME]

[SPONSOR OR EXHIBITOR SELECTION]

-Sponsor/Exhibitor will be acknowledged in conference promotions and conference materials, during the program, and in scheduled communications prior to the conference as appropriate for their level of support.

-SBEN will provide appropriate signage acknowledging Sponsor/Exhibitor during the conference. SBEN will also provide Sponsors/Exhibitors one draped 6' table in the SBEN Resource Center for distribution of marketing and educational materials. Any display used by Sponsor/Exhibitor must be placed on top of the 6' display table, and fit the dimensions of the table. The Resource Center will be set up in the Conference Registration & Break area.

-SBEN will provide Sponsor/Exhibitor complimentary conference registration based on their level of support. SBEN is not responsible for any travel and lodging expenses of conference attendees.

-SBEN will provide conference attendee registration lists in pdf format. Sponsor/Exhibitor agrees to not disclose attendee registration lists to outside parties. Sponsor/Exhibitor 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 agreement 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 fee. In the event of cancellation by sponsor/exhibitor, no refunds will be given unless written notification is provided to SBEN 90 days prior to the conference.

-Sponsor/Exhibitor 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/Exhibitor pursuant to the performance of its obligations under this agreement.

- Sponsor/Exhibitor agrees to pay SBEN the full amount of the sponsorship fee on or before the Conference.

This shall constitute the entire agreement, and Sponsor/Exhibitor agrees to abide and conform to these terms. In the event of fire, strikes or other uncontrollable circumstances, this agreement will not be binding.

Accepted By:

\_\_\_\_\_  
Sponsor's Authorized Representative

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SBEN's Authorized Representative

\_\_\_\_\_  
DATE

Questions? Call SBEN at 404.812.9132

Please complete both pages of this agreement and email to [ameans@sben.org](mailto:ameans@sben.org)



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## Sponsorship or Exhibitor Details

**Contact Person** - For questions regarding this sponsorship, SBEN should contact:

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

Title: \_\_\_\_\_

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

Please confirm if your company would like to accept the included display table option:

q - Yes, we would like a display table to be used as described in the agreement.

q - No, we would not like a display table.

### Complimentary Registration

Each Sponsor/Exhibitor is entitled to complimentary conference registration. Additional company personnel who wish to attend the Conference must complete a Registration Form and pay the appropriate registration fee.

Complimentary registrations can be confirmed by contacting Angela Means, Executive Director, SBEN at [ameans@sben.org](mailto:ameans@sben.org). (This information is not required at the time your agreement is submitted)

### Payment Method

Please indicate your method of payment. Full payment is due before the Conference.

Select your Fee (Please see the included description of each option):

Conference Sponsor                    q            \$1,500

Conference Exhibitor                q            \$750

Check enclosed, payable to SBEN

Credit card payment

Card Type:        q VISA                    q MC                    q AMEX

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Card Holder's Name (Please print): \_\_\_\_\_

Signature: \_\_\_\_\_

Please complete this agreement and return to:

SBEN, 3422 Pierce Dr NE, Atlanta, GA 30341

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