

# Navigating Autism Today Conference: Grand Rapids

Friday,  
November  
15, 2024

L.V. Eberhard Center,  
Grand Valley State University, Grand Rapids

The mission of the Navigating Autism Today Conference is to provide autistic people and their loved ones with education, resources, and support in the areas of early diagnosis, education, and adulthood. Our goal is that attendees feel better equipped to navigate their unique journey with autism.

Attendees will spend their day in four breakout sessions hosted by professional speakers. There will be a diverse variety of topics and speakers to choose from so attendees can design their day to best reflect their unique interests. The event also provides a keynote speaker/panel, complimentary breakfast & lunch, networking opportunities, and an autism resource fair.

## Schedule of the Day, Additional Details to Come:

8:00am-9:00am: Registration, Vendor Fair & Breakfast

9:00am-9:10am: CEO Welcome

9:10am-10:10am: Keynote Speaker/Panel

10:20am-11:20am: Breakout Session A

11:30am-12:30pm: Breakout Session B

12:30pm-1:30pm: Lunch & Vendor Fair

1:30pm-2:30pm: Breakout Session C

2:40pm-3:40pm: Breakout Session D



**AUTISM ALLIANCE**  
OF MICHIGAN

[www.aaomi.org/grconference](http://www.aaomi.org/grconference)

For more information, contact [lauren.todaro@aaomi.org](mailto:lauren.todaro@aaomi.org) or 248-590-2766



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## Presenting Sponsor **\$10,000**

- Opportunity to make opening remarks on stage reaching more than 450 guests
- Recognition as the Presenting Sponsor in the event press release
- Opportunity to include your logo alongside the AAoM logo and your company's marketing material in the 250+ gift bags given to each attendee (time sensitive)
- Opportunity for premium feature on conference home page that includes your company's virtual brochure, company description and link (time sensitive)
- Full logo integration across all event branding and marketing (website, emails, flyers, day of signage, etc.)
- Logo presentation integration during keynote address
- Verbal recognition in opening remarks
- Six professional tickets to the conference (\$300 value)
- Vendor table in a premium location
- Recognition in AAoM MINavigator Newsletter event recap

## Gold Sponsor **\$5,000**

- Recognition as a Gold Sponsor in the event press release
- Opportunity to include your company's marketing material in the 250+ gift bags given to each attendee (time sensitive)
- Company recognition on all event marketing and promotional materials (website, emails, flyers, day of signage, etc.)
- Recognition during keynote address presentation
- Four professional tickets to the conference (\$200 value)
- Vendor table in a premium location
- Recognition in AAoM MINavigator Newsletter event recap



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## Silver Sponsor **\$2,500**

- Company recognition on all event marketing and promotional materials (website, emails, flyers, day of signage, etc.)
- Two professional tickets to the conference (\$100 value)
- Vendor table in premium location
- Recognition in AAoM MINavigator Newsletter event recap



## Bronze **\$1,000**

- Company recognition on all event marketing and promotional materials (website, emails, flyers, day of signage, etc.)
- One professional ticket to the conference (\$50 value)
- Vendor table



## Vendor Table Only **\$250-\$500**

- **\$500** (For Profit)
- **\$250** (Non profit)



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*I want to be a:*

**Presenting Sponsor**  
(\$10,000)

**Gold Sponsor**  
(\$5,000)

**Silver Sponsor**  
(\$2,500)

**Bronze Sponsor**  
(\$1,000)

**Vendor Table Only**  
(\$250-\$500)

Submit completed form to [Lauren.Todaro@aaomi.org](mailto:Lauren.Todaro@aaomi.org) or mail to **26913 Northwestern Hwy. Ste. 520 Southfield, MI 48033**. Registration can also be completed online at [aaomi.org/grconference](http://aaomi.org/grconference)

Company/Organization/Individual: \_\_\_\_\_

Website Url: \_\_\_\_\_

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

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

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

Address: \_\_\_\_\_

Please choose one of the following:

Check:  Enclosed (payable to Autism Alliance of Michigan)

Will be mailed separately

Credit:  Visa  Mastercard  American Express

CARD NUMBER \_\_\_\_\_ SECURITY CODE \_\_\_\_\_ EXP. DATE \_\_\_\_\_

NAME (As it appears on the card) \_\_\_\_\_ EMAIL \_\_\_\_\_ PHONE \_\_\_\_\_ ZIP \_\_\_\_\_

BILLING ADDRESS (If different than above) \_\_\_\_\_ DATE \_\_\_\_\_



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