

SUMMIT





November 6, 2025

AVAILABLE SPONSORSHIPS

CORNERSTONE SPONSOR \$2,000 (SOLD)

- Name, logo and sponsorship level listed on event webpage
- Logo displayed on all printed and digital event promotion materials
- Name and logo displayed and mentioned during the opening and closing remarks
- Social Media Spotlight video about your company posted on RPI social media channels
- Opportunity to provide sponsor remarks at the beginning of the event
- · Sponsorship listed in event program
- · 4 complimentary tickets to event

\$1,000 (3 Available)

- Name, logo and sponsorship level listed on event webpage
- Logo displayed on all printed and digital event promotion materials
- Name and logo displayed and mentioned during the opening and closing remarks
- Opportunity to introduce the session speakers at the event
- Sponsorship listed in event program
- 4 complimentary tickets to event

HAPPY HOUR SPONSOR

\$1,500 (1 Available)

- Name, logo and sponsorship level listed on event webpage
- Logo displayed on all printed and digital event promotion materials
- Name and logo displayed and mentioned during the opening and closing remarks
- Opportunity to provide remarks at the beginning of Happy Hour
- · Sponsorship listed in event program
- · 4 complimentary tickets to event

CATALYST SPONSOR \$500

- Name, logo and sponsorship level listed on event webpage
- Logo displayed on all printed and digital event promotion materials
- Name and logo displayed and mentioned during the opening and closing remarks
- · Sponsorship listed in event program
- · 2 complimentary tickets to event



PLACE MATTERS SUMMIT SPONSORSHIP FORM

Please indicate below the level of sponsorship or exhibition you would like and submit this form with payment by October 24, 2025 to Jillian Elliott:

- Email: elliottj@rightplace.org
- Mail: The Right Place, Inc. | 125 Ottawa Ave. NW, Suite 450 | Grand Rapids, MI 49503

SPONSORSHIPS:

- □ Happy Hour Sponsor (1 available) \$1,500
- □ Session Sponsor (3 available) \$1,000
- □ Catalyst Sponsor \$500

Company Name:		
Address:	City/State/Zip:	
Contact Person:		
Phone:		
METHOD OF PA	MENT:	
CREDIT CARD		
Credit card name:	Credit card #:	
Exp. Date:	Name on card:	
INVOICE REQUEST		
Send to:	Email:	

CHECK (please make checks payable to The Right Place, Inc. and mail by October 24, 2025)

