



MID-MICHIGAN RECOVERY SERVICES

**BEYOND
ADDICTION:**

**VOICES of
RECOVERY**

**8:30 a.m.-4:30 p.m.
Tuesday, June 3**



A CONFERENCE TO ELEVATE OUR RESPONSE TO SUBSTANCE USE DISORDERS

SPONSORSHIP OPPORTUNITIES AND RECOGNITIONS

PARTNERING SPONSOR: \$5,000

- Acknowledgment in welcoming presentation
- Six tickets (\$300 value) to attend event and all breakout sessions, with nametags identifying attendees as sponsors
- Recognition on Mid-Michigan Recovery Services website
- Sponsorship listing on all event materials, including name or logo on temporary signage and programs
- Recognition in social media and press releases
- Opportunity to share branded material in giveaway packages

COMMUNITY ADVOCATE: \$1,000

- Four tickets (\$200 value) to attend event and all breakout sessions, with nametags identifying attendees as sponsors
- Recognition on Mid-Michigan Recovery Services website
- Sponsorship listing on all event materials, including name on temporary signage and programs
- Opportunity to share branded material in giveaway packages

RECOVERY ALLY: \$500

- Two tickets (\$100 value) to attend event and all breakout sessions, with nametags identifying attendees as sponsors
- Recognition on Mid-Michigan Recovery Services website
- Sponsorship listing on temporary signage and programs

CONTRIBUTOR: \$100

- One ticket (\$50 value) to attend event and all breakout sessions
- Sponsorship listing in programs



SPONSORSHIP FORM

☐

Yes! I will sponsor the BEYOND ADDICTION: VOICES OF RECOVERY conference, Tuesday, June 3, 2025, at The Pentecost Center, 316 Moores River Drive, Lansing, MI.

NAME(S):

ADDRESS:

PHONE:

EMAIL:

☐

PARTNERING SPONSOR: \$5,000

☐

COMMUNITY ADVOCATE: \$1,000

☐

RECOVERY ALLY: \$500

☐

CONTRIBUTOR: \$100

☐

OTHER AMOUNT: \$_____

Mid-Michigan Recovery Services is a 501(c)(3) tax-exempt organization, EIN 38-2032352.

SPONSORSHIP TOTAL:

\$_____

HOW SPONSORSHIP SHOULD BE RECOGNIZED
(enter name or company name):

PAYMENT OPTIONS

☐ A check for \$_____, payable to Mid-Michigan Recovery Services, is enclosed.

☐ Charge my credit card \$_____ or ☐ Charge my card \$_____ per month for _____ months

Card number: _____ Name of cardholder: _____

Billing ZIP Code: _____ Expiration: ____ / ____ Authorization code: _____

☐ Please invoice me for \$_____ If different from address above: _____

MAIL THIS FORM AND ANY PAYMENT TO:
Mid-Michigan Recovery Services, 316 Moores River Drive, Lansing, MI 48910
FAX: 517.887.8121 **EMAIL:** info@mmrsinc.org