



2008 National CIT Conference ***“Georgia on Your Mind – CIT in Your Heart”***

Sponsor/Exhibitor:

Dear Sir or Madame,

On behalf of both the International and Georgia Crisis Intervention Team (CIT) Advisory Boards, the Georgia Chapter of the National Alliance on Mental Illness invite you to join us at the Fourth Annual National Crisis Intervention Team Conference: “Georgia on Your Mind – CIT in Your Heart”, November 4-6, 2008 at the Hyatt Regency-Downtown in Atlanta, Georgia. Building on the excitement of previous conferences hosted in Ohio, Florida, and Tennessee, the Conference will have both national and international appeal. The 2007 conference drew nearly 1200 participants to Memphis, TN, the birthplace of CIT. Attendees included representatives from Australia, Canada and Israel, as well as from 40 states and the District of Columbia. The 2008 Conference is on target to exceed 2007 attendance records.

The mission of CIT is to equip law enforcement officers with the tools necessary to de-escalate a crisis involving someone with a mental illness or other brain disorder – diverting them to treatment versus incarceration, where possible, thereby preserving public safety, decriminalizing mental illness, and reducing the stigma associated with mental illness. The National CIT Conference came to fruition as a means to bring national and international Crisis Intervention Team programs together to learn from and network with one another, celebrate successes, learn of new and innovative initiatives, and to award exemplary individuals and agencies engaged in the program. The 2008 Conference will feature nationally known presenters from criminal justice, corrections, judicial, behavioral health and advocacy fields, as well as an exhibit hall and poster session.

We invite your company to participate with us in this conference by becoming a sponsor and/or exhibitor. Take advantage of an opportunity to highlight your products and services to key leaders and decision makers in their respective fields.

Sincerely,

Pat Strobe
CIT Program Administrator
404-936-5318



NAMI Georgia

3050 Presidential Drive, Ste. 202 * Atlanta, Georgia 30340 * 770-234-0855 * 770-234-0237-fax

Please select one of the following sponsorship levels, and plan to join us in November.

_____ **\$10,000.00 Gold Sponsor**

- *A full page ad in program booklet*
- *Signage displayed during the conference*
- *2 complimentary tickets to the award dinner and recognition during the luncheon*
- *2 complimentary conference registration packages*
- *Complimentary booth space during the conference*

_____ **\$5,000.00 Silver Sponsor**

- *1/2 page ad in program booklet*
- *Signage displayed during the conference*
- *1 complimentary ticket to the award luncheon and recognition during the luncheon*
- *1 complimentary conference registration package*
- *Complimentary booth space during the conference*

_____ **\$3,000.00 Bronze Sponsor**

- *1/4 page ad in program booklet*
- *Complimentary booth space during the conference*
- *Recognized in the conference program booklet*

_____ **\$1,000.00 Supporter**

- *Recognized in the conference program booklet*

_____ **\$500.00 Exhibitor**

Exhibit Booth Package Includes:

- 6' x 24" Skirted table, and two chairs
- Electrical Outlet (upon request)
- One complimentary conference registration (includes admission for one to the Network Reception, and Awards Banquet). **Additional staff will need to pay full registration fee if desiring to attend conference workshops, reception and/or banquet.**

Deadline for registration is September 25, 2008 to ensure inclusion in the Conference Program

Please type or print clearly. Information from this form will appear on booth signs and in the program listing.

Company/Organization

Name: _____

Exhibit Contact

Name: _____

Exhibit Contact Phone: _____ Fax: _____

Email Address: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Name(s) of persons staffing booth (as it should appear on name badges); 2 maximum:

Name: _____

Name: _____

**Please provide a brief description (50 words or less) of your services, products or programs which will be listed in the conference program. Attach an extra sheet and send in with registration form. Please send logo via email to pstrode@nami.org.

EXHIBIT FEES (check one):

_____ \$500 (General Booth Exhibit) _____ \$200 (Poster Session)

TOTAL AMOUNT ENCLOSED: \$ _____ Check _____ **OR** Credit Card _____

VISA or Master Card # _____ Security Code _____ Exp Date: _____
(3-digits on back of card)

Authorized Name: _____

AUTHORIZEDSIGNATURE: _____ Date: _____

The undersigned applicant is an official company/agency representative and agrees to abide by the conference hotel rules and regulations.

Company/Organization Name: _____ Date: _____

Company Representative's Signature: _____ Title: _____

MAKE CHECK PAYABLE TO:

NAMI Georgia

Exhibitor Contact Person:

Pat Strode

NAMI Georgia

3050 Presidential Drive – Suite 202

Atlanta, Georgia 30340

Office: (770) 234-9347 Fax: (770) 234-0237, pstrode@nami.org



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