



Become a BEACON OF LIGHT

For the children and families who need us!!



Parenting can be difficult and stressful.

The Children's Healing Institute teaches parents in their own homes to

- **Predict** situations that lead to poor parenting
- **Plan** how they will cope during difficult times
- **Participate & Perform** in successful & loving parenting practices.

We protect kids by helping their parents!!

Help us help them!!

BEACON OF LIGHT SPONSOR (129 available) **\$250**

Benefits:

- **Serve** more children and families who are waiting for our help!
- Your name or company name **displayed** in the main room attached to a large blue balloon for the duration of the conference in a dramatic memorial exhibit representing each of the 129 children who died in Florida from abuse and neglect (*in a 12-month period*).
- **Acknowledgement** as a sponsor in the conference program (distributed to all attendees) and website.
- 1 **complimentary** seat at the Keynote luncheon.



12th Annual
Turn on the Light Conference
on Child Abuse and Neglect

Palm Beach County Convention Center
West Palm Beach, FL

Thursday October 15, 2015

www.TurnontheLight.org

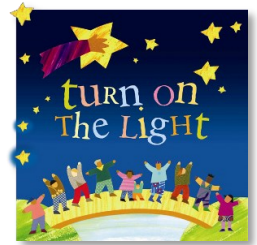


**THE CHILDREN'S
HEALING INSTITUTE**
Building Stronger Families & Happier Childhoods



BEACON OF LIGHT

12th Annual
Turn on the Light Conference on Child Abuse and Neglect
Thursday, October 15, 2015



Please complete this form or secure your sponsorship **online** on the Sponsors page at www.TurnontheLight.org

Company: _____

Contact Person: _____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

Name as to be displayed with the balloon(s) and mentioned in all printed conference materials:

SPONSORSHIP LEVEL

\$250 / **Beacon of Light Sponsor** (1 balloon)

Please consider **additional balloons** @ \$250 each

_____ additional balloons

REPRESENTATIVES

 The following individual(s) will attend the keynote luncheon:

(1 complimentary seat will be provided for each sponsored balloon)

Name	Email	Veg/GF Meal
1. _____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N
2. _____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N
3. _____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N
4. _____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N

We will not have representatives attending the conference this year

METHOD OF PAYMENT

Check enclosed made payable to The Children's Healing Institute (Amount: \$ _____)

Charge my credit card (please complete the information below)

VISA MasterCard Card # _____ Exp _____ CIV/CSC Code* _____

Amount \$ _____

*3 or 4 digit number on back of card

Name on Card _____ Signature _____

Billing Address _____ City _____ State _____ Zip _____

Return completed sponsor registration form to The Children's Healing Institute - 1803 S. Australian Ave, Suite G - WPB, FL 33409

Fax: 561-687-8116 or SSantosus@ChildrensHealingInstitute.org

Questions, or prefer to explore other sponsorships? Contact Suzan at 561-687-8115 x101 or SSantosus@ChildrensHealingInstitute.org

