

PRESENTED BY



OF NEBRASKA

Creighton
UNIVERSITY

KEY PARTNER: \$2,999

- Opportunity to address all conference attendees during the event
- Opportunity to participate in a speaking slot & have presence at one of the 2025 CE Days
- Key placement branding on all marketing for event
- Key placement of booth at event
- 10 free tickets for staff/clients to attend event
- High quality placement of company logo with link on event website
- Opportunity to provide swag items in attendees' Registration Bag
- Mentioned throughout event as a Key Partner

Tue., Oct. 22, 2024

Creighton
University,

Omaha, NE

GOLD PARTNER - \$1,499

- Branding in all event handouts
- Gold placement of booth at event
- 5 free tickets for staff/clients to event
- High quality placement of company logo with link on event website
- Opportunity to provide swag items in attendees' Registration Bag
- Mentioned throughout the event as a Gold Partner

*A limited number
of sponsorships
are available.*

*Reserve yours
today!*

SILVER PARTNER - \$999

- Branding in all event handouts
- Booth at event
- 3 free tickets for staff/clients to attend event
- High quality placement of company logo with link on event website
- Mentioned throughout event as a Silver Partner

REGISTER NOW!

Register at www.fpanebraska.com or contact FPA of NE Executive Director Joe Pittman at fpa@cam-omaha.com or 402-397-0280.

2024 Wealth Management Conference SPONSORSHIP COMMITMENT FORM

PO Box 24133 • Omaha, NE 68124

Phone: 402-397-0280 • Fax: 877-355-9226

E-mail: *info@fpanebraska.com*

Website: *www.fpanebraska.com*

_____ **Key Partner (\$2,999)** _____ **Gold (\$1,499)** _____ **Silver (\$999)**

Company Name _____

Local Contact _____

Address _____

City _____ State _____ Zip _____

Phone _____

E-mail _____

Company Website _____

Signature of Company Representative _____ Date _____

PAYMENT OPTIONS

PLEASE MAKE CHECKS PAYABLE TO FPA OF NEBRASKA • THANK YOU FOR YOUR SUPPORT!

_____ Enclosed is our check in the amount of \$ _____

_____ Please invoice me for \$ _____

Mastercard/VISA/American Express # _____

Expiration Date _____ 3-digit Security Code _____

Name as it appears on card _____

Billing address of card (address, city, state, ZIP) _____

Upon receipt of this form, you will be contacted by a representative of FPA of Nebraska to discuss arrangements for fulfillment of your Partnership Benefits package.

Thank you for your commitment to and support of the FPA of Nebraska!

If you have any questions, please contact us at the FPA of Nebraska office, managed by Creative Association Management Co., at 402-397-0280 or *info@fpanebraska.com*