

2024 DR. DARYL YOST IDEAS@WORK EVENT

APRIL 17, 2024, 11:30 a.m. - 1 p.m.

at Parkview Mirro Center for Research & Innovation

What is The Dr. Daryl Yost Ideas@Work Event?

Annual event for **entrepreneurs, students, business leaders, and educators.**

We **celebrate** entrepreneurs and innovation.

Features dynamic, distinguished leaders in **innovation and entrepreneurship.**



What is the event's purpose?

Support our entrepreneurial ecosystem.

Recognize exemplary entrepreneurship in Northeast Indiana.

Elevate importance of entrepreneurship and innovation.

How is My sponsorship used?

PROGRAMS



TRAININGS



COMMUNITY



NIIC's PURPOSE: *To transform the lives of people, companies, and communities through entrepreneurship*

Event Sponsorship Opportunities

This signature event is made possible through the generous support of sponsors.

Sponsorship Benefits	Event \$10,000	Lead \$5,000	Program \$3,500	Luncheon \$2,000	Table \$1,000
Speaking opportunity at the event	x				
VIP invitation to keynote speaker dinner	X	X			
Thought leadership blog opportunity	x	x			
Special invitation to NIIC events	x	x	x		
Company recognition on the Eventbrite webpage	x	x	x	x	
Logo included in all event promotions	x	x	x	x	x
Social media posts with sponsors tagged	x	x	x	x	x
Company recognition at the event	x	x	x	x	x
Verbal recognition at the event	x	x	x	x	x



Northeast
Indiana
Innovation
Center

SPONSORSHIP FORM

DUE BY: March 29, 2024

1 Check the box for your sponsorship investment level.

- | | | | |
|--|----------|---|-------------------|
| <input type="checkbox"/> Event Sponsor | \$10,000 | <input type="checkbox"/> Luncheon Sponsor | \$2,000 |
| <input type="checkbox"/> Lead Sponsor | \$5,000 | <input type="checkbox"/> Table Sponsor | \$1,000 per table |
| <input type="checkbox"/> Program Sponsor | \$3,500 | Number of tables desired: _____ | |

2 Indicate your Business Builder Award Fund additional support level.

I would like to donate an additional \$_____ to support the Dr. Daryl Yost Fund and become a benefactor of the program (recognized on print material and social media).

3 Enter your contact information.

Accepted payment forms include checks (invoice available upon request) and major credit cards.

Billing Contact Name _____

Organization _____

Address _____

Phone _____ Email _____

My organization commits to sponsor The 2024 Dr. Daryl Yost Ideas@Work Event as designated.

Authorized Signature _____ Date _____

4 Return completed form to Jami Thomas by MARCH 29, 2024.



EMAIL

jthomas@niic.net



QUESTIONS?

260-416-3441



IDEAS@WORK

