



2025 Benefits & Medicare Summit

- ✓ Exhibiting and Sponsorship Opportunities
- ✓ Two Educational Tracks
- ✓ Trade Show



Wednesday,
May 14, 2025



9:00AM - 5:00PM



The Heritage Hotel
522 Heritage Road
Southbury, CT 06488

[Reserve your Exhibit Space!](#)



For more information, visit:
www.NABIP-CT.org

IT'S TIME TO SECURE YOUR EXHIBIT SPACE FOR THE 2025 BENEFITS & MEDICARE SUMMIT!

National Association of Benefits and Insurance Professionals
Connecticut Chapter



Exhibit Space is limited and available on a first-come, first-served basis.

CONSIDER BECOMING A SPONSOR FOR ADDITIONAL BENEFITS!



EXHIBIT BOOTH ONLY - \$750

SILVER SPONSOR - \$1,500

GOLD SPONSOR - \$2,500

PLATINUM SPONSOR - \$4,000

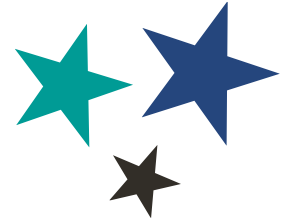


EXHIBIT BOOTH ONLY

- One 6ft draped Exhibit Table
- Two Event Registrations
- Company Listed in Program Book on Exhibitor page

SILVER Sponsor

- One 6ft draped Exhibit Table
- Two Event Registrations
- Logo Recognition in Digital Program Book
- Recognition as a Silver Sponsor in email Marketing of the Event.

GOLD Sponsor

- One 6ft draped Exhibit Table
- Four Event Registrations
- Half Page Ad in Digital Program Book
- Recognition as a Gold Sponsor in email Marketing of the Event.

PLATINUM Sponsor

- One 6ft draped Exhibit Table
- Six Event Registrations
- Full Page Ad in Digital Program Book
- Recognition as a Platinum Sponsor on Event Signage and in email Marketing of the Event.
- Place one Ad in a Digital NABIP-CT Newsletter in 2025

THE DEADLINE TO SECURE EXHIBIT SPACE, SPONSORSHIP AND SUBMIT LOGOS/PROGRAM BOOK ADS IS FRIDAY, APRIL 25TH, 2025.

**SECURE YOUR SPOT!
PURCHASE ONLINE HERE!**

For more information, visit:
www.NABIP-CT.org

Sponsor & Exhibitor Registration Form

Company Name: _____

Contact Person: _____

Address: _____

City, State, Zip: _____

Contact Email: _____

Phone: _____

Name of Exhibit Table Attendees:

(if different than above)

1. _____

Email: _____

2. _____

Email: _____

Additional Attendee Registration:

Member: \$50.00 Non-Member: \$75.00

Please include name(s) and additional cost of admission below:

3. _____

Email: _____

4. _____

Email: _____

I am enclosing a check in the amount of _____

Made payable to Connecticut Benefit Brokers

I am paying by credit card in the amount of _____

Amex Discover MasterCard Visa

Card #: _____

Exp. Date: _____ CVV#: _____

Mail to:

One Regency Dr.

Suite 209

Bloomfield, CT 06002

Fax:

860-286-0787

Questions? Call 860-243-3977 or email info@NABIP-CT.org

[Click here
to purchase
online!](#)