

Celebrating Seventy Years Together:
Honoring the Past, Treasuring the Present, Shaping the Future
MISSISSIPPI COUNSELING ASSOCIATION
2020 VIRTUAL CONFERENCE



November 11-13, 2020

CONFERENCE AD PARTICIPANT and/or SPONSORSHIP REGISTRATION

As a valued member of the counseling community, I want to personally invite you to be a part of our 2020 Virtual Conference. So many of you have honored our organization with your sponsorship in the past, and we look forward to working with you in the future. It is through your help that we bring together so many of our 1,200 members to celebrate our profession and grow together as counseling clinicians. Also, this is a great opportunity for you to engage, educate, market, and network. If you are interested in becoming a Conference Program Ad Participant and/or Sponsor, please complete the proper forms in this packet and return to our Administrative Office no later than **September 15, 2020**; however, the Conference Program will be posted on the website beginning August 1st. As soon as we receive your materials, your ad will be posted. Please include your ad or sponsorship form with your payment (cash, check, or credit card) as soon as possible. Make checks payable to Mississippi Counseling Association.

Logo (jpeg or pdf) for your organization and/or product(s) for Ads should be emailed to Dr. Mary Bess Pannel at mpanel@deltastate.edu. If you desire to be a sponsor, you should email your logo and desired link of your organization site to susan@nonprofit-growth.com. Checks should be mailed to the following address:

MCA Office,
Division of Marketplace Participants and Sponsors
PO Box 353
Long Beach, MS 39560

Forms with credit card information should be emailed to carolyn.anderson@mscounselor.org

If you have any questions concerning ads, please contact Dr. Mary Bess Pannel at mpanel@deltastate.edu or call her at 662-571-3665. If you have questions concerning Sponsors, please contact Dr. Jan Lemon at Lemon@mc.edu or call her at 601-594-1060. You can check us out at <https://mica.memberclicks.net/>. We look forward to seeing you at our conference in November!

Dr. Jan Lemon, President



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2020 MARKETPLACE PARTICIPANT REGISTRATION FORM

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**CONFERENCE AD PARTICIPANT'S CONTACT INFORMATION:
(TYPE or PRINT all information)**

Business Name: _____

Contact Name: _____

Preferred Mailing Address: _____

PHONE: _____ FAX: _____ Email: _____

Once this form and payment are received by MCA, your logo or ad (which is emailed to the address on the first page) will be posted to the Virtual Conference Program on the MCA website, located on the Conference Page, within five (5) business days and will remain available until the conference ends. The program will be posted on the MCA website beginning August 1st and will be updated each week until November 1st.

All MCA members will have access to the program prior to registration for the conference. Therefore, ads will be viewed many times by our membership. Forms with checks should be mailed to the MCA office with the actual ad emailed to mpanel@deltastate.edu. Forms with credit card numbers can be mailed to the MCA office or emailed to carolyn.anderson@mscounselor.org with the ad being emailed to mpanel@deltastate.edu.

Total Due: \$100.00

Credit Card Information: Visa, MasterCard or Discover

Name on card _____ Exp. Date _____

Card Number _____ Security Code _____

Billing Zip Code _____

(This information will be destroyed after the card is charged.)



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SPONSOR 2020 REGISTRATION

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Outstanding Sponsor Benefits

1. Logo (jpeg or pdf) **and Web Link** will be posted to the Conference package during the conference. In addition, your logo or ad will be included in the conference program on the website as soon as we receive your payment and application.
Your link allows you to connect conference participants to your organization and/or products.
2. One-time opportunity to send free advertising to all MCA members through our secure email system
3. Recognition during the Opening Session

SPONSOR CONTACT INFORMATION: TYPE or PRINT all information

School/Business Name: _____

Contact Name: _____

Preferred Mailing Address: _____

PHONE: _____ FAX: _____

EMAIL: _____

Total Due: \$1,000

Credit Card Information: Visa, MasterCard, or Discover

Name on card _____ Exp. Date _____

Card Number _____ Security Code _____

Billing Zip Code _____

(This information will be destroyed after the card is charged.)

Mail (if check) form and check to the MCA office at the address listed on the first page of the application. Remember to email your logo and link to susan@nonprofit-growth.com. If you use credit card information, please email your form to carolyn.anderson@mscounselor.org or mail to the MCA office along with emailing your logo and link to susan@nonprofit-growth.com. If you have any questions, please contact Dr. Jan Lemon at Lemon@mc.edu or call her at 601-594-1060.