



OF SOUTHEASTERN MICHIGAN

2026 SPONSORSHIP PROPOSAL



EVENT FACTS

MICHIGAN RECOVERYCON & FILM FESTIVAL

Friday, June 26, 2026

Macomb Intermediate School District

44001 Garfield Rd., Clinton Twp, MI

11 am – 7 pm

CARE is hosting the Michigan RecoveryCon and Film Festival on Friday, June 26, 2026. The event will include substance use treatment and recovery thought leaders and panels aimed at reducing stigma and promoting community. The event will also host groups and workshops that support the mind and body including mutual aid and recovery-oriented support groups. Allies and family members affected by a loved one's substance use will also share their insights at the event. A hallmark of the event will be the showcasing films and art pieces throughout the day made in support of the recovery community.



RECOVERYCON HIGHLIGHTS

- All day event with premium exposure
- Exciting keynote speaker
- On-site resources and support for those most in need

Our vision is ***a healthy community informed about comprehensive behavioral health services aimed at reducing stigma, promoting recovery, and empowering people.*** This event supports our vision by being:

INCLUSIVE

This event is supportive of all pathways of recovery and also supports family and friends affected by loved one's substance use.

RECOVERY ORIENTED

We respect the recovery journey of who we serve and employ.

HEALTH AND WELLNESS FOCUSED

We aim to enhance the well-being of individuals and our community.

SPONSORSHIP LEVELS



PREMIER SPONSOR \$7,500

- Logo recognition on all pre-event collateral material*
- Logo recognition on all day-of-event collateral material and signage
- Logo recognition before all sessions
- Opportunity to speak in introduction of keynote
- Social media recognition featuring your sponsorship
- Exposure in all event press releases
- Logo recognition on CARE's website with a hyperlink to company's website
- Inclusion in *News to CARE About* quarterly electronic newsletter with hyperlink to company's website
- Full page ad in the event program*
- Exhibitor space to host a table

KEYNOTE SPONSOR \$5,000

- Logo recognition on all pre-event collateral material*
- Logo recognition on all day-of-event collateral material and signage
- Social media recognition featuring your sponsorship
- Exposure in all event press releases
- Logo recognition on CARE's website with a hyperlink to company's website
- Inclusion in *News to CARE About* quarterly electronic newsletter
- On-screen ad before keynote talk and films including text "Presented by"
- Half page ad in the event program*
- Exhibitor space to host a table

SNACK SPONSOR \$1,500

- Logo recognition on all day-of-event collateral material and signage
- Social media recognition featuring your sponsorship
- Logo exclusivity at snack table including signage "Presented by"
- Exposure in all event press releases
- Logo recognition on CARE's website with a hyperlink to company's website
- Inclusion in *News to CARE About* quarterly electronic newsletter
- Quarter page ad in the event program*
- Exhibitor space to host a table

PANEL SPONSOR \$500

- Logo recognition on all event collateral and signage
- Social media recognition featuring your sponsorship
- Recognition on CARE's website
- Logo included on signage at every panel session entrance
- Logo recognition in the event program*
- Exhibitor space to host a table

RECOVERY SPONSOR \$100

- Name recognition on all event collateral and signage
- Social media recognition featuring your sponsorship
- Name recognition in the event program
- Exhibitor space to host a table

*subject to print deadlines



OF SOUTHEASTERN MICHIGAN

2026 SPONSORSHIP COMMITMENT FORM

Select Your Sponsorship Level:

- RecoveryCon Premier Sponsor - \$7,500
RecoveryCon Keynote Sponsor - \$5,000
RecoveryCon Snack Sponsor - \$1,500
RecoveryCon Panel Sponsor - \$500
RecoveryCon Recovery Sponsor - \$100

Amount of \$_____ is to be paid within 30 days of receipt of invoice or in accordance with terms specifically agreed upon outside of this agreement.

To maximize sponsor benefits, please submit no later than May 31, 2026.

Sponsor Company Name: _____

How would you like your name recognized for print:

Contact Name: _____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ E-mail: _____

Select Your Payment Option: American Express, Discover, MasterCard, Visa, Check/Cash Enclosed, Invoice Me. Credit Card Number, Exp. Date, Security Code, Billing Address, City, State, Zip.

Signature: _____ Date: ____/____/____

For questions, please contact Susan Styf at 586.541.2273 or sstyf@careofsem.com.

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