

**YOUR AGENCY NAME HERE**

July 21-27, 2024

Seminar/Awards Luncheon - July xx, 2024

[Time] [Place]

[Address]

**- SPONSORSHIP FORM -**

**PLEASE PRINT OR TYPE:**

**Sponsor Company**:

*(Note: Please show company name exactly the way you want it to appear on program.)*

**Contact Name:**

**Address:**

**City/State/Zip:**

**Phone: Fax: Email:**

|  |  |  |  |
| --- | --- | --- | --- |
| Sponsorship Levels: | |  | **In-kind Donation** |
| Platinum | Includes 10 Luncheon Registrations \*  Table of Ten for Lunch with Priority Seating  Table Name Recognition  Advertisement (full page) in Luncheon Program  Listed in Program as Official Sponsor  Company Logo on Luncheon Program  Acknowledgment in Press Release | **$ 2,500** |  |
| Gold | Includes 6 Luncheon Registrations \*  Table Name Recognition with Prominent Location  Advertisement (half-page) Luncheon Program  Listed in Luncheon Program as Sponsor  Company Logo on Luncheon Program | **$ 2,000** |  |
| Silver | Includes 4 Luncheon Registrations **\***  Table Name Recognition  Advertisement (business card size) Luncheon  Program Company Logo on Luncheon Program | **$ 1,500** |  |
| Bronze | Includes 2 Luncheon Registrations \*  Table Name Recognition  Name and Logo included in Luncheon Program | **$ 1,000** |  |
| Friend | Includes 2 Luncheon Registrations \*  Acknowledgment in Luncheon Program | **$ 500** |  |
| I wish to purchase \_\_\_\_luncheon tickets at $25/person. \* Enclosed is my check for: | | | $0.00 |
| I regret that I cannot attend, but wish to contribute | | | $0.00 |

You may send your tax-deductible donation made payable to:

***YOUR AGENCY NAME HERE***

***c/o Contact Person***

# Address

**Tickets are limited to ## and will be accepted in the order in which they are** **received.**  
For additional information please call xxx-xxx-xxxx or xxx-xxx-xxxx. ***Please mail by Xxxx xx, 2024.***

**THANK YOU FOR YOUR SUPPORT**

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|  |  |  |  |
| --- | --- | --- | --- |
| RENTAL OF DISPLAY BOOTHS: | | | |
| # of booths | | Type of Agency/Company | Cost |
|  | | Nonprofit Agency | $65.00 |
|  | | For-profit Company | $110.00 |
|  | | | |
|  | **Yes, I plan on attending the luncheon** *(please mark an ‘X’ in the box if you are attending)* | | |

LIST INDIVIDUALS ATTENDING:

|  |  |  |  |
| --- | --- | --- | --- |
| 1 |  | 6 |  |
| 2 |  | 7 |  |
| 3 |  | 8 |  |
| 4 |  | 9 |  |
| 5 |  | 10 |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | ***Sorry, I cannot contribute but I would like to purchase space for an advertisement in the program. Information to be printed is enclosed along with my check*** *(please mark an ‘X’ in the box if you are purchasing an ad in lieu of attending)* | | |
| ***PURCHASE OF AD SPACE:*** | | | |
| # of ads | | Size of Ad | Cost |
|  | | Full Page | $300.00 |
|  | | Half Page | $200.00 |
|  | | Business Card | $50.00 |
| ***\*\*ORDER MUST BE RECEIVED BY Xxxx, XX, 2021\*\**** | | | |

PLEASE RETURN WITH YOUR CHECK PAYABLE TO:

**YOUR AGENCY NAME HERE**

c/o [contact person’s name]

[address]