

**YOUR AGENCY NAME HERE**

July 16-23, 2023

Seminar/Awards Luncheon - July xx, 2023

[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 SeatingTable Name RecognitionAdvertisement (full page) in Luncheon ProgramListed in Program as Official SponsorCompany Logo on Luncheon ProgramAcknowledgment in Press Release | **$ 2,500** |  |
| Gold | Includes 6 Luncheon Registrations \*Table Name Recognition with Prominent LocationAdvertisement (half-page) Luncheon ProgramListed in Luncheon Program as SponsorCompany Logo on Luncheon Program | **$ 2,000** |  |
| Silver  | Includes 4 Luncheon Registrations **\***Table Name RecognitionAdvertisement (business card size) LuncheonProgram Company Logo on Luncheon Program | **$ 1,500** |  |
| Bronze | Includes 2 Luncheon Registrations \*Table Name RecognitionName 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, 2023.***

**THANK YOU FOR YOUR SUPPORT**

**YOUR AGENCY NAME HERE**

July 16-22, 2023

Seminar/Awards Luncheon - July xx, 2021

[Time] [Place]

[Address]

|  |
| --- |
| 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, 2023\*\**** |

PLEASE RETURN WITH YOUR CHECK PAYABLE TO:

**YOUR AGENCY NAME HERE**

c/o [contact person’s name]

[address]