

Sponsorship Pledge Form

Please complete ALL appropriate sections of this application and return on or before January 16, 2017.

Company/
Organization: _____
(Exactly as it is to be printed in all acknowledgments)

Contact Name: _____

Contact Title: _____

Address: _____

City/State/Zip: _____

Phone/Fax: _____

E-mail Address: _____

Website: _____

Premium Sponsorship Packages

Please select your level of sponsorship:

- | | | |
|--------------------------|----------------|----------|
| <input type="checkbox"/> | Platinum Level | \$25,000 |
| <input type="checkbox"/> | Gold Level | \$15,000 |
| <input type="checkbox"/> | Silver Level | \$7,500 |
| <input type="checkbox"/> | Bronze Level | \$5,000 |

Exhibitor

- | | | |
|--------------------------|--------------------------------|---------|
| <input type="checkbox"/> | Corporate rate | \$1,500 |
| <input type="checkbox"/> | Community-based nonprofit rate | \$1,000 |

Subtotal Premium Sponsorship: \$ _____

Subtotal À la Carte: \$ _____

TOTAL AMOUNT: \$ _____

