WOMEN IN LONGVIEW DAY

Sponsorship Contract - 2020

Name of Company (as you wish it to appear in p	rint):	rint): Date:				
Address:						
Signature:			nted Name	,		
Email:						
Telephone:		<u>Cell</u>	Phone:			
Sponsorship Options – Mark the Sponsorsh	ip Level o	f Your Ch	oice:			
SPONSORS LEVEL OF RECOGNITION	Platinum \$2500	Gold \$1000 - \$2499	\$500- \$999	\$250- \$499	Table \$200	In Kind Type/Value
Company's name/logo recognition on event signage, printed materials, print & electronic media.		*		•	*	
Company's name/logo recognition on event signage, printed materials, print & electronic media.				**	*	
Company name recognition on event signage, printed materials, print & electronic media.			*			
Recognition at Awards Ceremony	*		*	*	*	
Free Exhibit Booth		*				
# of tickets	8	4	2	1	8	TBD
Scholarship Donors -If you would like to donate to Contact Person:						
Address: Email: _	City, 5th	ate			· TIP COUC	/print clearly)
LOGO: In order to receive desired recognition, we 2020. Please send to our email at Please return this form no later than March 8, 2020.	must have womeninlon	a high-reso	olution logo	in full-color JF or cmgates	PG format r s53@gmail	no later than March 8, il.com.
Payment Options: Check Enclosed Credit Card (please pa	Ple	ease send	Invoice for	or \$		

If you have further questions, contact Cynthia Gates at cmgates53@gmail.com or via phone (810) 691-3303. Thank you for your support.