



2019 ANNUAL MEETING SPONSORSHIP COMMITMENT

Company Name _____
(Type or print exactly as it should appear on sponsor signage)

Contact Name _____

Email Address _____

Billing Address *(if requesting invoice)* _____

SPECIFIC SPONSORSHIP OPPORTUNITIES

<u>Tuesday Meetings / Events</u>	<u>Wednesday Lobby Day</u>	<u>Thursday General Session</u>
<input type="checkbox"/> Lunch for GTC Meeting ♦ \$3,000 <input type="checkbox"/> Welcome Reception ♦ \$8,000 <input type="checkbox"/> Reception Co-Sponsor ♦ \$2,500 <input type="checkbox"/> Full Dinner Sponsor ♦ \$18,000 <input type="checkbox"/> Dinner Co-Sponsor ♦ \$2,500	<input type="checkbox"/> Hill Day Breakfast ♦ \$5,000 <input type="checkbox"/> Hill Day Lunch ♦ \$5,000 <input type="checkbox"/> Hill Transportation ♦ \$1,500 <input type="checkbox"/> Congressional Reception ♦ \$7,500	<input type="checkbox"/> Breakfast Buffett ♦ \$6,000 or <input type="checkbox"/> Breakfast Co-Sponsor ♦ \$2,000 <input type="checkbox"/> Lunch Buffett ♦ \$7,000 or <input type="checkbox"/> Lunch Co-Sponsor ♦ \$2,500

GENERAL SPONSORSHIP CONTRIBUTION

\$1,000
 \$2,000
 \$3,000
 \$5,000
 \$10,000
 Other \$ _____

TOTAL SPONSOR AMOUNT \$ _____

Check Enclosed
 Please Send Invoice
 Bill to Credit Card

CREDIT CARD # _____ **EXPIRATION:** _____
 AMEXP MASTERCARD VISA

NAME AS IT APPEARS ON CREDIT CARD: _____

BILLING ADDRESS ZIP CODE: _____

Please Complete and Return to:

NCTO
 PO Box 1090
 Cherryville, NC 28021

Fax: 704-671-2366 Email: rhaynes@ncto.org