

2017 SPONSORSHIP OPPORTUNITIES

SANTA SPONSORSHIP – \$3500

Exclusive Sponsorship

This is determined on a first-come, first-serve basis

- Ten (10) Complimentary tickets, \$500 value
- Full-page ad (Inside Cover) in the event program, \$1000 value
- Three (3) ads in a weekly E-Blast, \$450 value
- Banner advertisement on CBIA website for 1 year, \$600 value

REINDEER SPONSORSHIP – \$2500

Exclusive per Products/Services

- Eight (8) Complimentary tickets, \$400 value
- Half page ad (Premium Placement) in the event program, \$500 value
- One (1) ad in a weekly E-Blast, \$150 value
- Banner advertisement on CBIA website for 6 months, \$300 value

MRS. CLAUS SPONSORSHIP – \$2000

- Six (6) Complimentary tickets, \$300 value
- Third page ad in the event program, \$350 value
- Banner advertisement on CBIA website for 3 months, \$150 value

RUDOLPH SPONSORSHIP – \$1500

- Six (6) Complimentary tickets, \$300 value
- Quarter page ad in the event program, \$250 value
- Banner advertisement on CBIA website for 3 months, \$150 value

ELF SPONSORSHIP – \$1000

- Four (4) Complimentary tickets, \$200 value
- Quarter page ad in the event program, \$250 value

GIFT SPONSORSHIP – \$500

- Two (2) Complimentary tickets, \$100 value

ALL SPONSORSHIPS INCLUDE:

- Company name included in press releases and on social media
- Recognition at the event
- Recognition in a special “thank-you section” of the E-Blast
- Logo in Powerpoint Presentation
- Special signage at the event

2017 SPONSORSHIP OPPORTUNITIES

DECEMBER 14TH, 2017

THE CLUB AT OLDE CYPRESS

CONTACT: _____ PHONE: _____

EMAIL ADDRESS: _____

COMPANY NAME: _____

(Company name must be submitted as you wish it to appear on all event collateral)

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

Please choose your level of participation for Installation Banquet:

Santa \$3500

Reindeer \$2500

Mrs. Claus \$2000

Rudolph \$1500

Elf \$1000

Gift \$500

See attached forms for sponsorship details.

I AM PAYING \$ _____ BY CHECK CREDIT CARD

Sponsorship benefits begin upon receipt of payment in full.

CREDIT CARD NUMBER: _____ EXPIRATION: _____

NAME ON CARD: _____ CRV CODE: _____

CARD BILLING ADDRESS: _____ EMAIL: _____

CITY: _____ STATE: _____ ZIP CODE: _____

SIGNATURE: _____ DATE: _____

Please make checks payable to Collier Building Industry Association
Contact Nancy with questions. (239)-436-6100 or nancy@cbia.net

Collier Building Industry Association
3200 Bailey Lane, Suite 110, Naples, FL 34105
www.cbia.net • (239) 436-6100

