



2022 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>Refreshment Breaks</u>	<u>Wednesday General Session</u>
<input type="checkbox"/> Lunch for GTC Meeting ♦ \$4,000	<u>Tuesday Afternoon</u>	<input type="checkbox"/> Breakfast Buffet ♦ \$8,000 or
<input type="checkbox"/> Welcome Reception ♦ \$12,000	<input type="checkbox"/> Afternoon Break ♦ \$2,000	<input type="checkbox"/> Breakfast Co-Sponsor ♦ \$2,500
<input type="checkbox"/> Reception Co-Sponsor ♦ \$2,500	<u>Wednesday Morning</u>	<input type="checkbox"/> Lunch Buffet ♦ \$8,000 or
<input type="checkbox"/> Full Dinner Sponsor ♦ \$25,000	<input type="checkbox"/> Morning Break ♦ \$2,000	<input type="checkbox"/> Lunch Co-Sponsor ♦ \$2,500
<input type="checkbox"/> Dinner 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 # _____
☐ AMEXP ☐ MASTERCARD ☐ VISA

EXPIRATION: _____

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