BECOME A PARTNER

SOUTHERN ARIZONA CONSTRUCTION CAREER DAYS

In addition to your monetary support, sponsoring companies, please provide logos in high-resolution .jpeg format for promotional materials.

Complete the next portion of this form. The form is processed by Southern Arizona Construction Career Days: **5425 East Broadway Blvd., Tucson, Arizona 85711**. If you have any questions, please email **ramon@tucsonasphalt.com** or call **520-419-7466**.

WORKFORCE INVESTMENT $3,500

- Company logo on the web page of SACCD
- 20x20 Ft booth space for the two-day event
- Company street sign hung at the front entrance of the event
- The company listed on t-shirt distributed to all students
- Company logo on ALL sponsorship collateral street sign

JOBSITE $2,500

- Company logo on the web page of SACCD
- 20x20 Ft booth spate for the two-day event
- Company street sign hung at the front entrance of the event
- Company logo on ALL sponsorship collateral at the event, mail correspondence & any email

THE CREW $1,500

- Company logo on the web page of SACCD
- 20x20 Ft Booth space for the two-day event
- 'Gompany Logo on ALL sponsorship collateral

TRANSPORTATION $1,000

- Company Logo on the web page of SACCD

VENDOR BOOTHS

- $300 - 20x20 Ft Booth space for the two-day event
- $150 - 20x20 Ft Booth space for two-day event (Registered nonprofits ONLY)

SUGGESTED SPONSORSHIP

Please check which level you wish to sponsor

☐ Workforce Investment	$3,500.00
☐ Jobsite	$2,500.00
☐ The Crew	$1,500.00
☐ Transportation	$1,000.00
☐ General Donation	$_____

VENDOR BOOTHS

Businesses	$300.00
Non Profits	$150.00
School	Free

NOTE: If you are using your booth space, please list activity here

_____

Name:_____ Title:_____

Comapny:_____ Address:_____

City:_____ State:_____ ZIP:_____

Phone:_____ Email:_____

Payment (choose one) Note: A Receipt will be sent to the email address above once your payment is processed.

A Check Payable to SACCD is being sent Please Invoice me: ☐ VISA ☐ MasterCard ☐ AMEX

Card Number:_____

Name On Card:_____ Billing ZIP Code:_____

Expiration Date:_____ CVC:_____ SIgnature:_____