WEBINAR VENUE SPONSORSHIP OPPORTUNITIES

Our 4th Quarter Meeting will be held online this year as a webinar. We have had requests for sponsorship opportunities and are pleased to offer the following:

• There is an opportunity for 6 sponsors for the 4th Quarter Meeting. Sponsorships are offered at $250.00 each; a single sponsor may purchase more than one Sponsorships if they desire.
• Two (2) complimentary registrations for the webinar are included.
• Company Logo on Webinar (background) Screen during all presentations.
• Sponsor recognition from the podium during the program
• Sponsor recognized (per event) on the COCA website.

WEBINAR VENUE SPONSORSHIP GUIDELINES

• Sponsorship requests should be submitted ASAP to ensure all notices include recognition of sponsorship.
• Sponsor(s) cannot be an industry competitor of the event presenter.
• Sponsor(s) can be a Non-COCA member.
• Sponsors are encouraged to promote the event and their sponsorship on their company’s website or through other promotional materials.
• The Executive Director along with The Board of Directors is responsible for approving sponsorship requests, subject to final review by the Chairman of the Board. COCA reserves the right to refuse sponsorships, for any reason deemed necessary especially if it’s politically or non-industry related.

REQUEST FORM

Date of Request ______________________ (First come first served)
*Program / Event: ____4th Quarter Meeting

*Contact the COCA office to find out if dates have been finalized for each program Each Sponsorship fee ($250.00)

COMPANY INFORMATION

Company Name:________________________________________________________
Address: ______________________________________________________________
Contact Person: _________________________________________________________
Job Title: _______________________________________________________________
Phone Number: ___________ Email: ______________________________

PAYMENT INFORMATION

TOTAL Sponsorships: _____ x $250.00 = ______
□ Check enclosed: Make check Payable to COCA, Inc., Mail to: PO Box 221, Collinsville IL 62234-0221
□ Send Invoice (to above address) □ Bill to Credit card □ Mastercard □ Visa □ American Express □ Discover Card Number:
__________________________________________________________ Expiration Date: _________/_______/_______ Zip Code where STATEMENT is sent: ______________________ VCode: ___________ (last 3 digits on back of card near signature line) Billing address: □ Same as Company address above □ Different Bill to Address:
__________________________________________________________________________