

## National Coalition of Black Meeting Planners | SPONSOR RESPONSE FORM

**Yes, I/We would like to be a sponsor at Coalition 2017 Annual Conference at the following level:**

- |   |  |
|---|--|
| <input type="checkbox"/> Opening General Session - \$25,000   | <input type="checkbox"/> Annual Business Meeting Breakfast - \$ 10,000   |
| <input type="checkbox"/> Opening Celebration - \$20,000   | <input type="checkbox"/> Chairman's VIP Reception - \$5,000  |
| <input type="checkbox"/> The All Black Party - \$20,000   | <input type="checkbox"/> Leadership Institute - \$5,000  |
| <input type="checkbox"/> Pre- All Black Party Reception- \$15,000   | <input type="checkbox"/> Educational Sessions - \$5,000 (8 opportunities)  |
| <input type="checkbox"/> Keynote Luncheons \$15,000 (2 opportunities)   | <input type="checkbox"/> Refreshment Breaks - \$2,500 (4 opportunities)  |
| <input type="checkbox"/> Community Services Project - \$10,000  | <input type="checkbox"/> Rise and Shine Wellness - \$2,500 (2 opportunities)   |
| <input type="checkbox"/> Printed Program Ad (4-color, full or half page)<br>___ Full page - \$1,000 ___ Half page - \$700 | <input type="checkbox"/> I/We are unable to be a sponsor, but would like to make a tax deductible contribution of \$ _____ |

**Payment Method:**

- |  |  |
|--|--|
| <input type="checkbox"/> Make check payable to: National Coalition of Black Meeting Planners<br>1800 Diagonal Road, Alexandria, VA 22314 | <input type="checkbox"/> Email this form to:<br>alana@visitoakland.com |
|--|--|

**Sponsor Information:**

First/MI/Last Name \_\_\_\_\_

Employer/Company \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Name of company as you wish to have it appear in the program \_\_\_\_\_

Method of Payment ☐ Check ☐ Visa ☐ Mastercard ☐ American Express

**If paying by credit card, please provide:**

Name on Card \_\_\_\_\_

Card No. \_\_\_\_\_ Sec. Code (3-4 digit code) \_\_\_\_\_

Exp. Date \_\_\_\_\_ Signature \_\_\_\_\_