

Card Number

Name on Card



Exclusive Main Event Sponsor \$5,000 \_\_\_\_

## ONE DAY EXTENSIVE TRAINING FOR MANAGERS & MAINTENANCE PROFESSIONALS GILLETTE STADIUM. FOXBORO, MA MAY 18, 2018

Breakfast Break Sponsor \$1,000 SOLD

## RETURN FORM AND PAYMENT TO MY MAIL OR E-MAIL:

NEAHMA 400 Washington Street, #201 Braintree, MA 02184 Phone: 781.380.4344 Fax 781.380-4842 Email: Sarah.Kaufmann@neahma.org Logos and Ads submitted as JPEG, PDF or GIF to Sarah by April 27, 2018

Booth Table	Signage at sponsored location     Booth Table
<ul> <li>Logo on website pages related to event and ema</li> </ul>	
Signage throughout event on TVs in club	Logo on website pages related to event
Full page ad in conference program book	Two (2) Attendee Tickets
Company Logo on Jumbo Tron	Logo on website pages related to event
Program Book Sponsor: \$1,500	Afternoon Break Sponsor \$1,000
Thank you in program book	One Opportunity
Booth Table	Recognition and Signage at sponsored meal
Logo on website pages related to event	Booth Table
<ul> <li>Two (2) Attendee Tickets</li> </ul>	<ul> <li>1/2 page ad in conference program book</li> </ul>
Lanvard Chancer, ¢ 2 500	Logo on website pages related to event
Lanyard Sponsor: \$ 2,500	Two (2) Attendee Tickets
Logo on all lanyards for all attendees and speake	<ul> <li>Logo on website pages related to event</li> </ul>
Booth Table	
Logo on website pages related to event	
<ul> <li>Two (2) Attendee Tickets</li> </ul>	
Raffle Prize Opportunities! They will be given out a	at the end of the day. Please contact Sarah Kaufmann to coordinate.
Company Information	
	NDE WDE K
Company Name Is Your Business a	MBE or WBE If so, please circle.
Type of Business	
Type of Buomeou	
Address	
City State	Zip
Oldie	Σiμ
Phone Fax	
Contact Name	Title
Email Address	
Decree at Information for Cooperation Oppositionis	
Payment Information for Sponsorship Opportunities	
Enclosed is my check made payable to NEAHMA:	Sponsorship Total: Total Amount Due:
Please charge my credit card (check off type of card)	Visa Discover Amex MasterCard
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**Exp Date** 

Signature

Billing Address (If Different From Above)