

Educate, empower, and advocate for school nutrition professionals to advance the accessibility, quality, and integrity of school nutrition programs.

Dear Sustaining Member,

Our Annual Conference in Greensboro is coming up, **June 24-25, 2020.** As you know, this is an exciting and educational event for our members. Each year, many of our industry friends ask how they can help us with this event. We have a list of ways that you and your company can help us provide an exceptional experience for School Nutrition employees. At the same time, we can provide recognition for your company.

We have divided the sponsorships into different levels. The amount of company exposure and recognition increases with each level. We invite you to look over this list and return the enclosed form to us as soon as possible. If you decide to be a sponsor, we need your contribution by **May 1, 2020** in order to print your company name in the program and on the signs. If you have any questions about the sponsorships, please contact:

Kristen Bealler at 636-795-7483; beallerkr@hickoryschools.net

or

Dana Edwards at 919-934-1304; danaedwards@johnston.k12.nc.us

SPONSOR LEVELS

Thank you for your support of the School Nutrition Association of North Carolina. We hope to hear from you soon.

Very truly yours,

Kristen Bealler & Dana Edwards SNA-NC Conference Co-Chairs

2318 North Elm Street • Greensboro, North Carolina 27408

School Nutrition Association of North Carolina Koury Convention Center

<u>Sponsor Information</u>
The options listed below are opportunities to sponsor speakers, presenters, entertainment or other parts of our conference. Please indicate your choice of level.

Platinum \$3000 + Total Platinum Level Amount

Gold Level \$1500 +	Total Gold Level Amount
Silver Level \$500 +	Total Silver Level Amount
Spo	nsor and Payment Form
Sponsor form and payment must be recorded recognized in the program and with sign	eived by May 1, 2020 in order for your company to be as.
Company Name to Appear in Signage	Payment Information Check or Credit Card Accepted
Name of Contact Person	Mail Form with Check or Credit Card Information to: SNA-NC
Mailing Address	2318 N. Elm St. Greensboro, NC 27408 jbdfroth@aol.com
City/State/Zip	Amount enclosed:
Amount Enclosed	Visa MasterCard AMEX Credit Card Number
Phone Number Cell	Exp. Date
E-mail Address	Signature
Signature I	Oate 3 or 4 Digit Security Code
	Billing Address for Credit Card Statement
	Email Address for Receipt