**SNA-NC Industry Seminar**

**January 29 – 31, 2024**

**Sponsor Information**

Many of our industry friends ask how they can help make this an outstanding event. We invite you to become a sponsor and increase your company name recognition at this event.

We have divided the sponsorships into different levels. The amount of company exposure and recognition increases with each level. If you decide to become a sponsor, we need your contribution by **January 5, 2024,** in order to print your company name in the program and on the signs. If you have questions about sponsorship, please contact Dawn Roth at

1-888-204-8204 or e-mail jbdfroth@aol.com.

**Platinum $5000**

Sponsor recognized on stage

Sponsor may introduce speaker

Two registrations for meeting

One Tabletop

Sign indicating sponsorship of event

Recognition in program

Sponsor ribbon on badge

**Gold Level $3000**

Sponsor recognized on stage

One registration for meeting

One Tabletop

Sign indicating sponsorship of event

Recognition in Program

**Silver Level $2000**

Recognition in program

One Tabletop

Sign indicating sponsorship of event

Sponsor ribbon on badge

**Bronze Level $1000**

Recognition in Program

One Tabletop

Sponsor ribbon on badge

Sponsor ribbon on badge

**Sponsor form and payment must be received by January 5, 2024, in order for your company to be recognized in the program and with signs.**

**Company Information:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Company Name as to appear in Signage**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of Contact Person**

**Email**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Mailing Address**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**City/State/Zip code**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone Number**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email for Credit Card Receipt**

**Payment Information:**

**2 Ways to Pay Check or Credit Card**

**1. Mail Check and Form to:**

**School Nutrition Association of NC**

**2318 N. Elm Street, Greensboro, NC 27408**

**or**

**2. Scan and e-mail (or mail) Credit Card Charges to jbdfroth@aol.com**

**Amount enclosed:\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_ Visa \_\_\_MasterCard \_\_\_AMEX**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Credit Card Number**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Exp Date Security Code (CID)**

**Signature Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Mailing Address for Credit Card Statement**