



2020 Conference Sponsor Agreement

March 15 – 17 | Omni Grove Park Inn | Asheville, NC

Organization Name: _____

Type of Product: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Website: _____

Contact Person Name: _____

Contact Person Email and Phone Number _____

My organization wishes to participate at the following level (please check one):

___ **Bronze - \$750** (This option includes ONE ticket to meals and social events)

___ **Silver - \$1,500** (This option includes ONE ticket to meals and social events)

___ **Gold Sponsor - \$2,000** (Limited to three sponsors)

This option includes:

One complimentary room for one night

Two tickets for meals and social events

___ **Platinum Sponsor - \$3,000** (Limited to two sponsors)

This option includes:

One complimentary room for two nights

Two tickets for meals and social events

___ **Banner Sponsor - \$6,000** (Limited to one sponsors)

This option includes:

Two complimentary rooms for two nights

Two tickets for meals and social events

Electrical Outlets Needed for Booth: Yes _____ No _____

My company _____ will _____ will not be providing a door prize.

Signature: _____ Date: _____

MEAL COUNT

Bronze and Silver Sponsor - One meal ticket

Name of Attendee: _____

Check each meal attending

_____ Sunday Reception Chicken _____ Fish _____ Vegetarian _____
_____ Monday Breakfast
_____ Monday Lunch
_____ Monday Social
_____ Tuesday Breakfast

All Other Sponsor Levels - Two meal tickets:

Name of First Attendee: _____

Check each meal attending

_____ Sunday Reception Chicken _____ Fish _____ Vegetarian _____
_____ Monday Breakfast
_____ Monday Lunch
_____ Monday Social
_____ Tuesday Breakfast

Name of Second Attendee: _____

Check each meal attending

_____ Sunday Reception Chicken _____ Fish _____ Vegetarian _____
_____ Monday Breakfast
_____ Monday Lunch
_____ Monday Social
_____ Tuesday Breakfast

Meal prices for additional attendees are as follows:

Full Conference	\$150
Sunday Reception	\$40
Monday Breakfast	\$25
Monday Lunch	\$32
Monday Social	\$28
Tuesday Breakfast	\$25

Check here if you are adding additional attendees and provide names and selections: _____

Name of Additional Attendee: _____

Check each meal attending

_____ Sunday Reception (\$40) Chicken _____ Fish _____ Vegetarian _____
_____ Monday Breakfast (\$25)
_____ Monday Lunch (\$32)
_____ Monday Social (\$28)
_____ Tuesday Breakfast (\$25)

TOTAL ADDITIONAL AMOUNT DUE: _____

Name of Additional Attendee: _____

Check each meal attending

_____ Sunday Reception (\$40) Chicken _____ Fish _____ Vegetarian _____
_____ Monday Breakfast (\$25)
_____ Monday Lunch (\$32)
_____ Monday Social (\$28)
_____ Tuesday Breakfast (\$25)

TOTAL ADDITIONAL AMOUNT DUE: _____

Name of Additional Attendee: _____

Check each meal attending

_____ Sunday Reception (\$40) Chicken _____ Fish _____ Vegetarian _____
_____ Monday Breakfast (\$25)
_____ Monday Lunch (\$32)
_____ Monday Social (\$28)
_____ Tuesday Breakfast (\$25)

TOTAL ADDITIONAL AMOUNT DUE: _____

Name of Additional Attendee: _____

Check each meal attending

_____ Sunday Reception (\$40) Chicken _____ Fish _____ Vegetarian _____
_____ Monday Breakfast (\$25)
_____ Monday Lunch (\$32)
_____ Monday Social (\$28)
_____ Tuesday Breakfast (\$25)

TOTAL ADDITIONAL AMOUNT DUE: _____

TOTAL REGISTRATION AMOUNT DUE:

Sponsor Level \$ _____

Additional Meals \$ _____

TOTAL \$ _____

ACCOMMODATIONS COUNT

Please help us ensure availability of rooms at the event rate by providing the following information:

Bronze and Silver Sponsors:

Arriving on: _____ Date

Checking out on: _____ Date

Gold Sponsor – One Complimentary Room for One Night

Arriving on: _____ Date

Checking out on: _____ Date

Name for Room Reservation: _____

Platinum Sponsor – One Complimentary Room for Two Nights

Arriving on: _____ Date

Checking out on: _____ Date

Name for Room Reservation: _____

Banner Sponsor – Two Complimentary Rooms for Two Nights

Arriving on: _____ Date

Checking out on: _____ Date

Name for Room Reservation: _____

Arriving on: _____ Date

Checking out on: _____ Date

Name for Room Reservation: _____

Please make check payable to NC-IPMA and fax or mail this completed form by Wednesday, February 12, 2020 to address below.

**Tina Cline, Human Resources Director
City of Kannapolis
401 Laureate Way
Kannapolis, NC 28081
(704) 920-4302 - phone
(704) 933-7463 – fax
tcline@kannapolisnc.gov**

Thank you for your registration. We are looking forward to seeing you in March!