



2019 State Conference Sponsor/Exhibitor Contract Form

Reserve your Sponsorship or Exhibit by January 11, 2019

AGENCY

Agency: _____

Contact Person: _____

Address: _____

Phone: _____ Fax: _____

Website: _____ Email: _____

SPONSORSHIP LEVEL			
<p>Platinum \$3,000</p> <p><input type="checkbox"/> Wednesday, Evening Entertainment</p> <p><input type="checkbox"/> Thursday, Evening Entertainment</p> <p><input type="checkbox"/> Thursday, Keynote Speaker</p> <p><i>(Platinum exclusive: present a workshop session each day of the conference and 3 minutes of podium time during your sponsored event)</i></p>	<p>Gold \$2,000</p> <p><input type="checkbox"/> Wednesday, Luncheon</p> <p><input type="checkbox"/> Thursday, Luncheon</p> <p><i>(Gold exclusive: present a workshop session on 1 day of the conference and 3 minutes of podium time during your sponsored event)</i></p>	<p>Silver \$1,500</p> <p><input type="checkbox"/> Wednesday, Breakfast</p> <p><input type="checkbox"/> Thursday, Breakfast</p> <p><input type="checkbox"/> Friday, Breakfast</p> <p><i>(Silver exclusive: 3 minutes of podium during your sponsored event)</i></p>	<p>Bronze \$700</p> <p><input type="checkbox"/> Exhibit table only</p>

ONSITE REP NAMES:

Rep #1: _____ Title: _____

Rep #2: _____ Title: _____

ALL SPONSORS:

I need electricity access *(additional fees charged by the venue may apply)*

I would like to donate to the CASCWA scholarship fund: _____

I would like to contribute a raffle item *(valued at \$75 or more)*

FOR PLATIUNUM, GOLD, OR SILVER SPONSORS:

I will email my agency description (25 words or less) for the conference program AND I will email my logo in JPG or PNG by January 11, 2019 to ericap@sia-us.com. I understand that failure to submit all required information by the deadlines specified may result in omission from the CASCWA website and /or conference program.

ALL SPONORS:

I agree to comply with any and all rules of exhibiting with CASCWA

Signature: _____

PAYMENT INFORMATION

Check enclosed

Payable to: CASCWA Bay Section

Credit Card: Visa M/C AMEX

Credit card #: _____

Exp. date: _____ CVV: _____

Amount: _____

Name on card: _____

Signature: _____

Remit this form and payment by January 11, 2019:

EMAIL: EricaP@sia-us.com
Subject: 2019 CASCWA State Conference

FAX: (888) 487-6441
Attn: Erica Peterson

MAIL: School Innovations & Achievement
Attn: Erica Peterson
5200 Golden Foothill Parkway
El Dorado Hills, CA 95762

QUESTIONS: Call Erica at (916) 669-5131