



## CORPORATE SPONSORSHIP PACKAGES

### **DIAMOND SPONSORSHIP - \$5,000 (Value \$6249)**

- 1 Affiliate Membership
- 4 E-Blast Advertisements to membership (1 per quarter)
- Logo and hyperlink in footer of all member E-blasts
- Logo and hyperlink on home page
- Signage at Registration Desk of all quarterly events
- 1 Exhibit Booth at the Annual New England Regional Conference
- Newsletter article announcing sponsorship and ad

### **PLATINUM SPONSORSHIP - \$3,000 (Value \$3249)**

- 1 Affiliate Membership
- 4 E-Blast Advertisements to membership (1 per quarter)
- Logo and hyperlink on website
- Signage at Registration Desk of all quarterly events
- Newsletter article announcing sponsorship and ad

### **GOLD SPONSORSHIP - \$2,000 (Value \$2349)**

- 1 Affiliate Membership
- 4 E-Blast Advertisements to membership (1 per quarter)
- Logo and hyperlink on website
- Newsletter article announcing sponsorship and ad

### **SILVER SPONSORSHIP - \$1,500 (Value \$1699)**

- 1 Affiliate Membership
- 2 E-Blast Advertisements to membership
- Logo and hyperlink on website
- Newsletter article announcing sponsorship and ad

### **BRONZE SPONSORSHIP - \$1,000 (Value \$1299)**

- 1 Affiliate Membership
- 2 E-Blast Advertisements to membership
- Logo and hyperlink on website
- Newsletter article announcing sponsorship



# Vermont MGMA 2020 Sponsorship Form

**REGISTRATION INFORMATION:** Choose your contact person carefully. This person will receive ALL communications and is listed as your organization's representative in our Vendor Directory.

Contact Name \_\_\_\_\_ Title \_\_\_\_\_

Organization \_\_\_\_\_ Business Type/Product \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip Code \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-Mail Address\* \_\_\_\_\_ Website \_\_\_\_\_

**Select Sponsorship:**

Diamond \_\_\_\_\_ Platinum \_\_\_\_\_ Gold \_\_\_\_\_ Silver \_\_\_\_\_ Bronze \_\_\_\_\_

**PAYMENT INFORMATION**

Total: \$ \_\_\_\_\_

Enclosed is Check# \_\_\_\_\_ in the amount of \$ \_\_\_\_\_ payable to **VTMGMA**.

Charge \$ \_\_\_\_\_ to the following credit card:       MasterCard     Visa     AMEX

Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_ Security Code \_\_\_\_\_

Billing Address \_\_\_\_\_

Cardholder's Name (Please Print) \_\_\_\_\_ Cardholder's Signature \_\_\_\_\_

**Submit this form along with your payment to:**

**Email:** staff@vermontmgma.com  
**Fax:** 866.241.7790  
**Mail:** VTMGMA, P.O. Box 3403, Mercerville, NJ 08619