

Sponsorship Agreement

Date of Agreement: _____

Sponsorship Level: _____

Date of Event: _____

Company Name: _____

Company Address: _____

Company Phone Number: _____

Contact Name: _____

Contact Email Address: _____

Amount Due: _____

Gold Event Sponsorship: \$ 500.00

- Includes all aspects of both Networking Hour and Table Top Display Sponsor

Networking Hour Sponsor: \$250.00

- Your logo and 50-word sponsor-supplied write-up included in each e-mail announcement for the event you sponsor
- Your logo and 50-word sponsor-supplied write-up included on mailing to BMA members and prospects
- Exposure on the www.bma-nj.org Web site for one year
- (Link to bma-nj.org Website provided in e-mail announcements.)
- Recognition at event by chapter president
- Logo on "First Drink" coupons distributed to each attendee

Gift Basket - \$250

A beautiful gift basket containing gourmet treats and two topical business books will be presented to one attendee on your behalf via a business card drawing.

- Your logo and 50-word sponsor-supplied write-up included in each e-mail announcement for the event you sponsor
- Your logo and 50-word sponsor-supplied write-up included on mailing to BMA members and prospects
- Recognition at event by chapter president
- Your literature placed in meeting room and on registration table

Table Top Display Sponsorship: \$ 350.00

- Your logo and 50-word sponsor-supplied write-up included in each e-mail announcement for the event you sponsor**
- Your logo and 50-word sponsor-supplied write-up included on mailing to BMA members and prospects**
- Exposure on the www.bma-nj.org Web site for one year**
 - (Link to bma-nj.org Website provided in e-mail announcements.)**
- Recognition at event by chapter president**
- Skirted table near entrance to event for display of your promotional materials**
- Your literature placed in meeting room and on registration table**

All sponsorship levels are on a first come, first serve basis and are subject to committee approval. If there are any changes necessary in any of the packages, the committee will notify the sponsor(s).

We accept checks and credit cards. If paying by check, please mail it to the following address. If paying by credit card, log on to www.bma-nj.org and click “pay invoice” at the bottom of the home page. Enter the invoice number in the box labeled “this payment for” and follow the directions for entering your credit card information. If you have any questions, call Fern Dickey, the BMA New Jersey Membership at (201) 797-8105.

Mailing Address: Fern Dickey
President
Backburner Projects LLC
9-16 4th Street
Fair Lawn, NJ 07410
Phone 201.797.8105/Fax 201.797.2799
Email: fern@backburnerprojects.com

Accepted by: _____

Date Accepted: _____

Thank you for your support of BMA New Jersey