



2010
DISABILITY MATTERS
Awards Banquet and Conference

Sponsorship Request Form

Sponsorship Submission Deadline – Monday, February 15, 2010

✓ **PLATINUM SPONSOR = \$15,000**

(check box to select)

- Sponsorship of Award Winning Company
- One Table of Ten at the Awards Luncheon
- Two-page Ad Spread in the Program Ad-Book (includes 2-pages within the book)
- Signage at the Event
- Logo on all promotional materials
- Attendee Giveaway

✓ **GOLD SPONSOR = \$10,000**

(check box to select)

- Sponsorship of Award Winning Company
- Eight seats at the Awards Luncheon
- Full-page Ad in the Program Ad-Book
- Signage at the Event
- Logo on all promotional materials
- Attendee Giveaway

✓ **SILVER SPONSOR = \$5,000**

(check box to select)

- Five seats at the Awards Luncheon
- Half-page Ad in the Program Ad-Book
- Logo on printed materials
- Attendee Giveaway

◆ ◆ ◆ CUSTOM SPONSORSHIPS ALSO AVAILABLE ◆ ◆ ◆

À la carte Sponsorship Options

- ✔ **Table of Ten = \$ 3,150** (check box to select)
 - ✔ **Full-page Ad in the Program Ad Book = \$1,000** (check box to select)
 - ✔ **Combination Package: Table of Ten and Full-page Ad = \$3,750**
(check box to select)
-

Contact Information

Company Name: _____

Contact Name: _____

Title: _____

Address: _____

City, State, Zip: _____

Telephone / Fax / Email: _____

Sponsorship Payment Options Available:

Credit Cards: Springboard Consulting, LLC accepts all major credit cards. When paying via credit card, please print out the following billing form, complete and fax a signed copy to Ivette Lopez at 973-813-7261.

Check: Please make check should be made out to Springboard Consulting, LLC and mailed to Springboard Consulting, LLC; 14 Glenbrook Drive, Mendham, NJ 07945.

Please complete the sponsorship form and email to ivette@consultspringboard.com. Any questions, please call Ivette Lopez at 973-813-7260 x. 102.

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14 Glenbrook Drive, Mendham, NJ 07945

Tel: 973-813-7260; Fax: 973-813-7261

www.consultspringboard.com

Billing Form

Please fax to 973-813-7261

Date:	
Company:	
Name:	
Invoice Number / Amount (\$):	

PAYING VIA CREDIT CARD

1. Method of payment – Credit Card Type	
2. Exact Name on Credit Card	
3. Exact Billing Address of Credit Card	
4. Exact Number on Credit Card	
5. Credit Card Expiration Date	
6. If applicable - Please provide daily limits and/or transaction limits on Credit Card Provided Above	
7. Billing Contact's telephone number	
8. Billing Contact's email address (this will be used for all communication regarding this transaction.)	

Confidentiality of Information: Springboard Consulting, LLC will maintain the confidentiality of all client personal and credit card information; will not sell or share; or disclose any information without your explicit consent or unless required by law.

Authorization: I authorize Springboard Consulting, LLC and the credit card company named above to charge my credit card.

Authorized Signature _____

Print Name _____ Date _____

If you have any additional questions or comments, please email ivette@consultspringboard.com, or if you prefer, you may call a Springboard Consulting, LLC team member at 973-813-7260.

SUBMITTER APPROVAL (Authorized signer must be an officer of the company):

I HEREBY ACKNOWLEDGE THAT ALL THE INFORMATION PROVIDED ON PAGES 1 through 4 OF THIS AGREEMENT IS TRUE, CORRECT AND COMPLETE TO THE BEST OF KNOWLEDGE. I HAVE FULLY READ, UNDERSTOOD AND ACCEPTED THE PROVISIONS, AND HAVE VOLUNTARILY SIGNED THIS AGREEMENT.

Signature: _____

Name (printed): _____

Title: _____

Date: _____