



Fundraising Day in Maryland Conference

Presenting Sponsor: Connelly & Assoc. Fundraising LLC

June 4, 2018

BWI Airport Marriott

Sponsor Opportunities

All sponsors will receive grateful acknowledgment in the event program, press materials and presentation, as well as a listing on our AFP Maryland website Fundraising Day event page with a website link.

Luncheon Sponsorships

- ☐ **Award Lunch Presenting Sponsor \$4,000**
2 reserved luncheon tables (20 seats), PLUS
3 full conference registrations. **SOLD**
- ☐ **Award Lunch Patron Sponsor \$2,000**
2 reserved luncheon tables (20 Seats)
- ☐ **Award Lunch Supporting Sponsor \$1,000**
One reserved Luncheon Table (10 seats)
- ☐ **Award Lunch Underwriter Sponsor \$500**
5 luncheon seats

Conference Sponsorships

- ☐ **Presenting Sponsor \$6,000**
Includes Exhibit table for entire day, 2 reserved luncheon tables (20 seats) and, plus 5 complimentary conference registrations **SOLD**
- ☐ **Morning Session Sponsor \$2,000**
Includes exhibit table for the entire day, ten reserved luncheon seats, and conference attendance for 5 people
- ☐ **Breakfast Sponsor \$1,000**
Includes exhibit table for the entire day, two reserved luncheon seats, and conference attendance for 2 people
- ☐ **Educational Track Sponsor \$1,200**
Includes exhibit table for the entire day, 5 luncheon seats and conference attendance for 2 people
- ☐ **Vendor Registration \$525**
Includes exhibit table for the entire day, one award luncheon seat; complimentary conference attendance for one person

Please list the name of your institution or firm as you want it to appear in all materials:

Organization Name: _____

Contact Person: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

E-Mail: _____ (required to complete registration)

Sponsorship Terms:

1. Commitments will be recognized as confirmed when completed form and payment are received by AFP Maryland Chapter
2. Sponsor commitments are considered binding and non-refundable
3. Sponsor agrees to provide list of attendee names by 5/21/18
4. Sponsor agrees to provide final artwork and/or logo in electronic format by 5/4/18. Failure to meet this deadline may prevent sponsor from being included in event promotions and onsite materials.
5. Sponsor acknowledges that table placement is based on the level of support. Within the same level of support, preference is given based on date of commitment.

I agree to the terms listed above: _____

(Signature)

Please list the names of your guests, and indicate whether they are attending luncheon, all-day conference (for Conference sponsorships only), or attending as exhibit table staff. The number of luncheon guests and free conference registrations is based on your Sponsor Level as listed to the left. You may purchase additional seats for the Awards Luncheon at a cost of \$65 each if needed. **Copy form for additional names.**

Guest Names

Full Day

Exhibit Staff Only

- | | | |
|-----------|--------------------------|--------------------------|
| 1. _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. _____ | <input type="checkbox"/> | <input type="checkbox"/> |

We accept Checks (payable to AFP-MD), Visa, MasterCard, and American Express

Account Number: _____ Expiration Date: _____

Name on the Card: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

TOTAL PAYMENT ENCLOSED: \$ _____

Send Completed form to:
AFP Maryland
3465 Box Hill Corporate Center Dr. Suite H
Abingdon, Maryland 21009
Or fax it to 410-569-3340

If you have any questions, please call the AFP Maryland office at 443-640-1047.

Save a copy of this form for your records.