

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
- 1 Exhibit Booth/Table at all quarterly seminars including 2 booth personnel
- 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
- 1 Exhibit Booth/Table at all quarterly seminars including 2 booth personnel
- 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
- 1 Exhibit Booth/Table at two quarterly seminars including 2 booth personnel
- 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
- 1 Exhibit Booth/Table at one quarterly seminars including 2 booth personnel
- 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 2017 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: vtmgmastaff@gmail.com

Fax: 866.241.7790

Mail: VTMGMA, P.O. Box 3403, Mercerville, NJ 08619