



2017 Executive Series Luncheon Sponsorship Commitment Form

Name: _____
Title: _____
Organization: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____
Email: _____

Date of Sponsorship: **Jan/Feb 2017** **Apr/May 2017** **Sept/Oct 2017**
(Exact date is based on FSAE Calendar of Events, availability of location and speaker and sponsor)
Type of Sponsorship: **Executive Series Luncheon, Tallahassee**

Total Sponsorship Amount: \$ 3,550 (not including add on parking coverage indicated below)

Sponsorship Includes: Two (2) Months of Marketing Exposure on FSAE Website, E-zine, and dedicated e-mails; Five (5) minute speaking opportunity at luncheon; 1 seat at the head table with speaker(s) and Chair(s); Photo with guest speaker(s) and Chairs to be published in Source Magazine and FSAE-Zine; Collateral Materials at each seat; Attendee roster; bring a max of five (5) people with sponsor. Sponsorship Benefit: This is an Executive Member Only Event. Historically, around 60 association executives attend. As the sponsor, you will be the only Associate Member at the event.

Optional add on to Sponsorship the Valet Parking for event: *(Participants would benefit from being able to valet park at the Governor's Club or at Hotel Duval because nearby parking is usually taken. The Foundation cannot justify using donors' money to pay the additional fee for valet parking. If you are able to add **\$200 for valet parking** to your sponsorship, the participants will arrive less stressed and worry free. Thank you for considering this option.)*

Please indicate if you are interested in covering the fees for valet parking as part of your sponsorship:

Yes, We would like to cover valet parking for this event (include \$200 for parking)
 No, We will not be able to cover valet parking for this event

METHOD OF PAYMENT (*Sponsorship is a First Come, First Serve. Open until payment is received)

_____ **Credit Card (Circle One):** VISA MC AMEX
_____ **Check (Please make checks payable to FSAE FOUNDATION.)**
_____ **Invoice me (MUST BE PAID IN FULL 30 DAYS PRIOR TO EVENT)**

Name on Credit Card: _____

Credit Card # _____ **Security Code:** _____ **Expiration Date:** _____ / _____

Billing address of credit card (include zip code):

Signature: _____ **Date:** _____

**** Please return this completed form and payment to secure this sponsorship ****
Questions, please contact Hester Ndoja, CAE at (850) 702-0944
to lock-in your sponsorship or email hester@fsae.org.
Fax completed forms to (850) 222-6350.