



SPONSORSHIP INFORMATION



2ND ANNUAL "SAFETY OFFICERS TRAINING AND EDUCATION FORUM"

BROUGHT TO YOU BY

THE BROOKHAVEN TOWN SAFETY OFFICERS ASSOCIATION, INC.

Hosted by the Coram Fire Department

September 29, 2018

Diamond Sponsors - \$1,500

- Logo proudly displayed during entire session in front of room
- Logo/name recognition on event program & all mailers
- Logo placed on home page of our web site
- Includes Breakfast & Lunch for 6 Attendees
- Marketing/advertising material distributed in attendee folders
- 1 trade show table and chairs
- Sponsor recognition at lunch

Gold Sponsors - \$1,000

- Logo/name recognition on event program & all mailers
- Logo placed on home page of our web site
- Includes Breakfast & Lunch for 4 Attendees
- Marketing/advertising material distributed in attendee folders
- 1 trade show table and chairs
- Sponsor recognition at lunch

Silver Sponsors - \$500

- Logo/name recognition in event program & all mailers
- Logo placed on home page of our web site
- Includes Breakfast & Lunch for 2 Attendees
- Marketing/advertising material distributed in attendee folders

Bronze Sponsors -?

- Logo/name recognition in event program & all mailers
- Logo placed on home page of our web site

**THANK YOU FOR SUPPORTING SAFETY
FOR OUR FIRST RESPONDERS**



SPONSORSHIP PAYMENT FORM



PLEASE CHOOSE SPONSORSHIP

DIAMOND \$1,500 GOLD \$1,000 SILVER \$500 BRONZE

PLEASE CHECK YOUR CHOICE AND REMIT FORM WITH PAYMENT

PLEASE PRINT CLEARLY

Name: _____

Company _____

Address: _____

City _____, State _____, Zip: _____

Phone: _____

Email: _____

Payment Type: Check Credit Card Amount _____

If you choose to pay by credit card, please provide your credit card information.

Credit Card Information:

Name on card: _____

Credit Card number _____ Exp.

Date ____/____ CVV code _____

I HEREBY AUTHORIZE MY SIGNATURE TO BE ON FILE WITH BTSOA FOR THE PUPOSE OF CHARGING MY CREDIT CARD. I AUTHORIZE THE RESPECTIVE CREDIT CARD COMPANY TO ACCEPT THIS FORM IN LIEU OF MY SIGNATURE APPEARING ON THE INDIVIDUAL CREDIT CARD CHARGE SLIP FOR SERVICES PERFORMED. I UNDERSTAND I WILL BE PERSONNALLY RESPONSIBLE FOR ALL CHARGES TO MY ACCOUNT INCLUDING SUB-HOLDERS. I MAY CANCEL THIS AUTHORIZATION UPON 30 DAYS NOTICE.

Signature _____
Date

Please mail form to: BTSOA, 1070 Middle Country Rd. Suite 7-166 Selden, NY 11784.

Have a question? Please call Jeff @ 631.495.1313