



SPONSORSHIP INFORMATION



3RD 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 21-22, 2019

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 -\$250

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

Copper Sponsor - ?

- 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 \$250 COPPER

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 _____ Zip code _____

I HEREBY AUTHORIZE MY SIGNATURE TO BE ON FILE WITH BTOA 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: BTOA, 1070 Middle Country Rd. Suite 7-166 Selden, NY 11784.

Have a question? Please call Jeff @ 631.495.1313