



SPONSORSHIP INFORMATION



SAFETY OFFICERS TRAINING AND EDUCATION FORUM

BROUGHT TO YOU BY

THE NEW YORK STATE ASSOCIATION OF SAFETY OFFICERS, INC.

We train all year to provide Safety all year

Chief - \$1,000

- Name and number recognition on event program & all mailers
- Name and number placed on our home page of our web site
- Your marketing/advertising material distributed in attendee folders at training
- Your name, number and logo distributed on all emails
- Your website linked on website and emails
- Invitation to speak at meetings and training sessions

Assistant Chief - \$500

- Name and number recognition in event program & all mailers
- Name and number placed on our home page of our web site
- Your website linked on our website
- Your marketing/advertising material distributed.
- Invitation to speak at meetings and training sessions

Safety Officer -\$250

- Name recognition in event program & all mailers
- Name and number placed on our home page of our web site
- Your website linked on website

Assistant Safety Officer -?

- Name and number placed on our home page of our web site

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



SPONSORSHIP PAYMENT FORM



PLEASE CHOOSE SPONSORSHIP

CHIEF \$1,000

ASSISTANT CHIEF \$500

SAFETY OFFICER \$250

ASSISTANT SAFETY OFFICER ?

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__ PayPal__ Voucher__ Venmo__

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 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 pay to: NYSASO, 1070 Middle Country Rd. Suite 7-166 Selden, NY 11784.

Have a question? Please call Jeff @ 631.495.1313