



# SPONSORSHIP INFORMATION



1<sup>ST</sup> ANNUAL  
"SAFETY OFFICERS TRAINING AND EDUCATION  
CONFERENCE"

To be held at the New York State Fire  
Academy, Montour Falls, NY 14865

BROUGHT TO YOU BY

THE NEW YORK STATE ASSOCIATION of SAFETY OFFICERS, INC.

## October 9-11, 2020

### **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 and Dinner at the Academy for 4 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 and Dinner at the Academy for 2 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 and Dinner at the Academy for 1 Attendee
- 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 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**