

ALLIANCE 2018

Sponsorship Participation Form

1. SPONSORSHIP LEVEL

- Premier Sponsor \$35,000 **SOLD**
- Executive Sponsor \$10,000-20,000
- Partner Sponsor \$5,000
- Associate Sponsor \$2,000

2. FEES DUE

Sponsor Level Fees \$ _____
Three Year Discount* - \$ _____ (10% off annual fees)

TOTAL AMOUNT DUE \$ _____

3. THREE YEAR SPONSORSHIP COMMITMENT* (OPTIONAL)

Committing to Alliance sponsorship for three years affords you guaranteed benefits and 10% off your sponsorship fees, annually, for Fiscal years 2018-2020. To secure your three year commitment, please sign and date below. You pay only your first year fees now; 2019 and 2020 fees will be billed annually in October.

Name _____ Signature _____ Date _____

4. SPONSOR CONTACT INFORMATION

This is the person within your company who will be responsible for the sponsorship. Questions about your sponsorship and benefits-use will be directed to this individual.

Company _____

Contact _____ Designation(s) _____

Address _____

City/State/Zip _____

Phone _____ Fax _____

Email _____ Web _____

Brief Company Description (25 words or less) _____

5. COMPLIMENTARY MEMBERSHIP

As an Alliance sponsor, you can designate one member of your company as an Affiliate member of NCMGMA. **Leave blank if same as above.**

Contact Name _____ Designation _____

Email _____ Phone _____

6. METHOD OF PAYMENT

- Check VISA MasterCard AMEX

Credit Card # _____

CID # on front of card above CC# (AMEX) _____ Last 3 digits from # on back of card (VISA/MC) _____

Expiration Date _____

Name on Card _____ Signature _____

Billing Address _____

City/State/Zip _____

To become an NCMGMA Alliance Sponsor please mail this form with payment to:
NCMGMA, 1300 Baxter St., Ste. 360, Charlotte, NC 28204;
or fax, with credit card payment information, to 704-365-3678.

