



Professional Development Workshop

Sponsorship Opportunities

CoBank St. Louis Regional Banking Center
September 26 - 27, 2019

CCA is seeking sponsors for the upcoming Professional Development Workshop in St. Louis, Missouri. If you are interested in becoming a sponsor, please select your sponsorship level below, complete the authorization on page 2 and submit both pages to the CCA Business Office. If you have any questions, please contact: CCA at (877) 326-5994 or cca@communicators.coop.

Sponsorship Levels

- \$1,500 Sponsorship**
- 1 free registration
 - recognition as a sponsor in all promotional materials & throughout the event
 - allowed display a banner, banner up or sign throughout the duration of the event (must provide)
 - recognition as an event sponsor (breakfast, lunch, dinner)
- \$1,000 Sponsorship**
- recognition as a sponsor in all promotional materials & throughout the event
 - allowed to display a banner, banner up or sign throughout the duration of the event (must provide)
 - recognition as an event sponsor (breakfast, lunch, dinner)
- \$500 Sponsorship**
- recognition as a sponsor in all promotional materials & throughout the event
 - allowed to display a banner, banner up or sign throughout the duration of the event (must provide)
- CCA Supporter \$_____**
- recognition as a sponsor in all promotional materials & throughout the event

Sponsor must provide an electronic/digital copy of the company logo (Hi Res TIF or JPG preferred) no later than **Friday, August 30** to have it included on the sponsor sign and other acknowledgements.

_____ An electronic copy of our logo is enclosed.

_____ An electronic copy of our logo will be emailed to cca@communicators.coop

2019 CCA Professional Development Workshop – Sponsorship Authorization

Name and Title of Authorizing Agent _____

Authorizing Agent's Signature _____

Mailing Address for Invoice _____

City _____ State _____ Zip code _____

Phone _____ Email _____

INFORMATION TO BE USED ON PROMOTIONAL MATERIALS

Please print clearly, especially if faxing. CCA will use the information you provide below in promotions.

Company Name _____
(We will use it exactly as you write it here.)

Name + Title of the person you want attendees to contact about your services or products.

(This information should be about the person you want attendees to contact about your services or products.)

Address _____

City _____ State _____ Zip Code _____

Phone _____ Email _____

Company Website _____

TOTAL PAYMENT IN THE AMOUNT OF: \$ _____ (Our Federal ID # 23-7248450)

_____ Please Invoice Us

_____ Check Enclosed

Please send me a receipt for my records.

MAIL check (or money order) payable to CCA with the completed Agreement to:

CCA Business Office
174 Crestview Drive, Bellefonte, PA 16823-8516
Toll Free: 877-326-5994
Email: cca@communicators.coop

_____ Payment by Credit Card

FAX Agreement with credit card information to:
814-355-2452

Credit Card Information: _____ Visa _____ MasterCard

Name on card (print)

Account Number

Exp. Date

Security Code

Signature