



MARCH 21-23, 2017



TALLAHASSEE

2017 Capitol Days Sponsorship Opportunities

PLEASE INDICATE SPONSORSHIP LEVEL:

☐ **Presenting Sponsor** \$25,000

- Logo placement in all event publications
- Full page program ad
- Speaking role in program
- Complimentary registrations for 8 attendees

☐ **Platinum Sponsor** \$15,000

- Logo placement
- Speaking role
- Half page ad in program
- Complimentary registrations for 4 attendees

☐ **Gold Sponsor** \$10,000

- Introduction of speaker
- Logo placement
- Quarter page ad

☐ **Silver Sponsor** \$5,000

- Logo placement
- Quarter page ad

☐ **Legislative Reception** \$10,000

- Speaking role
- Logo placement
- Quarter page ad
- One comp full registration and 5 comp reception only attendees

☐ **Lunch** \$7,500

- Introduction of lunch speaker
- Logo placement
- Quarter page ad
- Reserved seating for guests at lunch

☐ **Breakfast** \$6,000

- Introduction of breakfast speaker
- Logo placement
- Quarter page ad
- Reserved seating for guests at breakfast

☐ **Transportation** \$4,000

- Logo placement
- Quarter page ad

☐ **Bronze Sponsor** \$2,500

- Logo placement
- Quarter page ad

☐ **Break** \$1,500

- Logo placement
- Eighth page ad



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TALLAHASSEE

2017 Capitol Days Sponsorship Opportunities

COMPANY NAME

COMPANY REPRESENTATIVE

TITLE

ADDRESS

CITY

STATE

ZIP

TELEPHONE

EMAIL

SPONSORSHIP LEVELS:

- | | |
|------------------------------------------------|-----------|
| <input type="checkbox"/> Presenting Sponsor | \$25,000 |
| <input type="checkbox"/> Platinum Sponsor | \$ 15,000 |
| <input type="checkbox"/> Gold Sponsor | \$ 10,000 |
| <input type="checkbox"/> Silver Sponsor | \$ 5,000 |
| <input type="checkbox"/> Legislative Reception | \$ 10,000 |
| <input type="checkbox"/> Lunch | \$ 7,500 |
| <input type="checkbox"/> Breakfast | \$ 6,000 |
| <input type="checkbox"/> Transportation | \$ 4,000 |
| <input type="checkbox"/> Bronze Sponsor | \$ 2,500 |
| <input type="checkbox"/> Break | \$ 1,500 |

PAYMENT OPTIONS:

- | | | | |
|-----------------------------------------|------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------------|
| <input type="checkbox"/> Check Enclosed | <input type="checkbox"/> Visa | <input type="checkbox"/> MasterCard | <input type="checkbox"/> American Express |
| <input type="checkbox"/> Please Bill Me | <input type="checkbox"/> I would like to be invoiced before the end of the calendar year | | |

NAME ON CARD

CARD NUMBER

EXPIRATION DATE

SIGNATURE

PLEASE RETURN THIS FORM TO:

David Hart Florida Chamber of Commerce 136 South Bronough Street Tallahassee, FL 32301

For more information, please contact David Hart at dhart@flchamber.com or (850) 521-1288.