

**2020 NCALC SPONSOR
SCHEDULE OF SUPPORT**



Company Name _____ Contact Person _____

Mailing Address _____

Phone _____ Fax _____ Email _____

Sponsors are NCALC members who provide crucial financial support to underwrite important programs and activities of NCALC. Financial support in any amount is greatly appreciated and will be recognized. Please check all applicable items and extend the amounts, to indicate your level of support for the programs and activities of NCALC.

2020 Annual Membership Dues (Required for all Sponsors)

- Already Paid Application and payment attached

Annual Convention Sponsorships

- General convention sponsor \$350 \$ _____
- Educational session sponsor (6 available) \$500 \$ _____
- Continental Breakfast (2 available) \$750 \$ _____
- Break refreshments (2 available) \$500 \$ _____
- Lunch/Reception/Dinner Sponsors (5+ available) \$1000 \$ _____
- President’s reception \$1500 \$ _____
- Keynote Speaker \$2000 \$ _____
- Special Activities or Support
(e.g. A/V, transportation, entertainment) \$500 \$ _____

Educational Event Sponsorships (e.g. seminar, class)

- General event sponsor \$500 \$ _____
- Regional speaker or instructor \$1000 \$ _____
- National speaker or instructor \$2000 \$ _____

Board & Committee or Local Area Meeting Sponsorships

- General event sponsor \$500 \$ _____
- Break refreshments (5+ available) \$500 \$ _____
- Lunch/Reception/Dinner Sponsors (5+ available) \$1000 \$ _____

Other Sponsorships

- Member Communications (e.g. email news) \$500 \$ _____
- Web Site Redesign \$5000 \$ _____
- Web Site Enhancements \$1000 \$ _____
- Other undesignated sponsorship for NCALC programs and activities \$ _____

TOTAL SUPPORT \$ _____

PAYMENT

- Payment to be consolidated with attached NCALC Business Partner Agreement.
- Check enclosed. (Make checks payable to NCALC.)
- Charge my AMEX/VISA/MasterCard # _____ Exp. Date: _____ CV2: _____
 - Charge my card for just this year Charge my card annually in January to renew my sponsorship
- Name on Card: _____ Signature: _____ Date: _____
- Card Billing Address if different from Company address above:
Address _____ City _____ State _____ Zip _____

Send completed form to NCALC with credit card info by fax to (704) 461-0531, or mail form with credit card info or check to NCALC, 4819 Emperor Blvd, Ste 400, Durham, NC 27703-5420.