

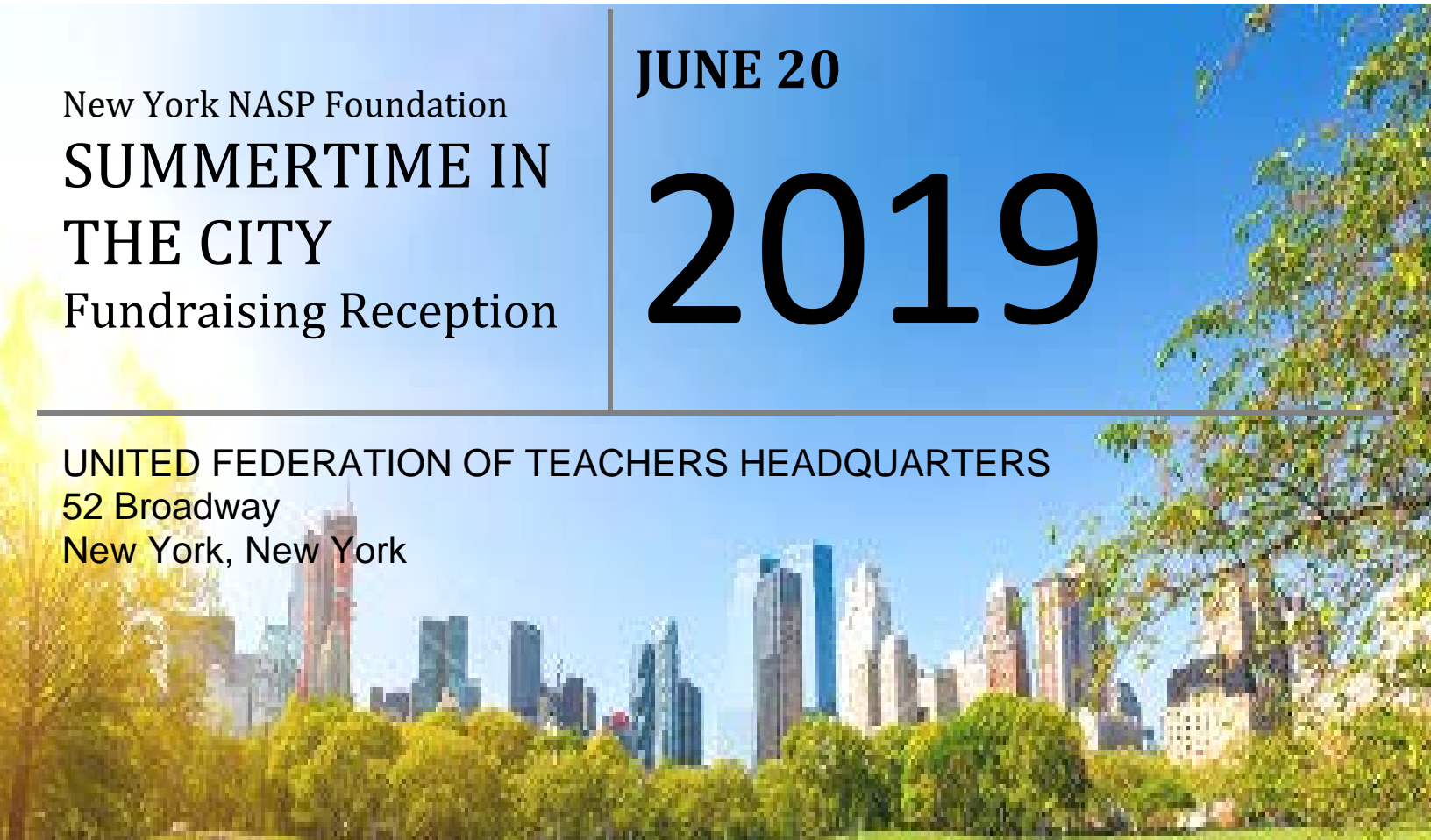
SPONSORSHIP OPPORTUNITIES

New York NASP Foundation
**SUMMERTIME IN
THE CITY**
Fundraising Reception

JUNE 20

2019

UNITED FEDERATION OF TEACHERS HEADQUARTERS
52 Broadway
New York, New York



JUNE 20, 2019

SUMMERTIME IN THE CITY
Fundraising Reception

5:00 p.m. - 8:00 p.m.

SPONSORSHIP OPPORTUNITIES

GOLD SPONSORSHIP LEVEL Admission for you and 3 guests to Event Full Page Ad in event brochure Prominent signage in event program and other event materials	<input type="checkbox"/> \$5,000.00
SILVER SPONSORSHIP LEVEL Admission for you and 2 guests to Event Half-Page Ad in event brochure Prominent signage in event program and other event materials	<input type="checkbox"/> 3,500.00
BRONZE SPONSORSHIP LEVEL Admission for you and a guest to Event Prominent signage in event brochure and other event materials	<input type="checkbox"/> \$2,000.00
BROCHURE AD	Full Page AD - <input type="checkbox"/> \$1,000.00 Half-Page AD - <input type="checkbox"/> \$500.00

Name:

Title:

Company/Organization: (As you wish it to appear in event materials)

Address:

City:

State:

Zip Code:

Telephone:

Fax:

Email Address:

Number of Attendees:

Name:

Name:

Name:

Name:

Amount Enclosed: \$

METHOD OF PAYMENT: Check

PAYMENTS

Make Your Check Payable to: NY NASP FOUNDATION
Please mail your form and remittance and direct your questions to:
NY NASP Foundation, c/o M. Martin, 191-20 109 Avenue, St. Albans, New York 11412-1157
Office/Fax 718-468-7914 or email: msharmak@aol.com

CONFERENCE CANCELLATION POLICY: There will be no refund after 14 calendar days prior to event.

For Office Use Only: Lgo Ad NT - ___# Pd

NY NASP FOUNDATION
SUMMERTIME IN THE CITY FUNDRAISING RECEPTION
June 20, 2019

AD SUBSCRIPTION FORM

PLEASE PRINT

AD DEADLINE: June 7, 2019

Date: _____

Company/Firm Name: _____

Contact Person: _____ **Title:** _____

Business Address: _____

City/State/Zip _____

Room/Suite Number: _____

Office Number: _____

Fax Number: _____ **E-mail Address:** _____

Ad Size: **Full Page - \$1,000.00** **Half Page - \$500.00**

Method of Payment: **Check**

Amount Enclosed: \$ _____

Make checks payable to: **NY NASP Foundation**
Mail check and artwork to: **NASP-NY**
Attention: M. Martin
191-20 109 Avenue, St. Albans, New York 11412-1157

ADVERTISING SPECS: **All artwork must be camera-ready**

FULL PAGE
Paper Trim size 8 ½'h x 7"w

HALF PAGE
Paper Trim size 4 1/4"h x 7"w

Full Page

Half Page

Ads (depending on size) may also be submitted electronically to: info@nasp-ny.org

Electronic File Specs: PDF or Microsoft Word only

Further Inquiries Call: NASP-NY Administrative Office – 718-468-7914