



# 2025 ANNUAL MEETING

Presented by



February 19, 2025  
4:30 to 7:00PM  
Raymond James Stadium



## SPONSORSHIP OPPORTUNITIES

# SPONSORSHIP LEVELS



## ANNUAL MEETING

February 19, 2025

BENEFITS	<b>SOLD</b> Giveaway (Exclusive) \$5,000	<b>SOLD</b> Bar (Exclusive) \$5,000	Partner \$2,500	Ally \$1,500	Supporter \$600
	BRANDED MARKETING MATERIALS & SIGNAGE	✓	✓		
MEMBER SPOTLIGHT IN E-NEWSLETTER	✓	✓			
VERBAL RECOGNITION IN OPENING REMARKS	✓	✓	✓		
LOGO ON STADIUM JUMBOTRON	✓	✓	✓		
RECOGNITION ON DIGITAL BANNERS & BOARDS	LOGO	LOGO	LOGO	NAME	
RECOGNITION IN PRESENTATION	EXCLUSIVE LOGO	EXCLUSIVE LOGO	LOGO	NAME	
SOCIAL MEDIA INCLUSION	LOGO	LOGO	LOGO	NAME	
RECOGNITION IN TBBJ EVENTS CALENDAR	LOGO & LINK	LOGO & LINK	LOGO	NAME	
RECOGNITION IN TBBJ ADVERTISEMENT*	LOGO	LOGO	LOGO	NAME	
RECOGNITION IN PRE/POST-EVENT DIGITAL MARKETING	LOGO & LINK	LOGO & LINK	LOGO & LINK	LOGO	NAME
EXCLUSIVE SPONSOR NAME BADGE	✓	✓	✓	✓	✓
EVENT TICKETS	8	8	8	6	2

\*TBBJ Ad commitment deadline 1/13/25



# SPONSORSHIP AGREEMENT



## 1. Choose an Option

<p><b>Complete this form ONLINE by clicking <a href="#">here</a>.</b></p>	<p><b>Complete form, print, and mail to:</b> Westshore Alliance ATTN: Jamie Farrell 3109 W Dr. MLK Jr Blvd Suite 140 Tampa , FL 33607</p>	<p><b>Complete form, scan, and email to:</b>  Jamie Farrell Farrell@ChooseWestshore.com</p>
---	---	---

## 2. Contact Information

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Company Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

## 3. Select your participation level

<b>SOLD</b> \$5,000 / <b>Giveaway</b> (Exclusive) 8 event tickets	<b>SOLD</b> \$5,000 / <b>Bar</b> (Exclusive) 8 event tickets
<input type="checkbox"/> <b>\$2,500 / Partner</b> 8 event tickets	<input type="checkbox"/> <b>\$1,500 / Ally</b> 6 event tickets
<input type="checkbox"/> <b>\$600 / Supporter</b> 2 event tickets	<input type="checkbox"/> <b>\$100 / Additional Tickets</b> price per ticket <input type="checkbox"/> <b>\$175 / Non-Member</b> QTY _____

## 4. Choose your payment option

Total Amount Committed: \$\_\_\_\_\_ You may pay by the following options:

- Check**  
Made payable to  
Westshore Alliance
- Request Invoice**
- Credit Card**  
Complete the details below

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ CVC Code: \_\_\_\_\_

Name on Card: \_\_\_\_\_ Signature: \_\_\_\_\_

I consent to my credit card being charged.

Billing Address: \_\_\_\_\_ Billing Zip: \_\_\_\_\_

Email Address for Receipt: \_\_\_\_\_

**For more information, please contact Jamie Farrell, Director of Membership  
Office: 813-289-5488 / Cell: 516-424-6498**