

**Westshore Alliance June Membership Luncheon**  
**Keynote Speaker: Joe Lopano, CEO, Tampa International Airport**  
**Thursday, June 17<sup>th</sup>**



Registration and Networking 11:30 AM | Lunch and Program 12:00-1:00 PM  
 Centre Club, 123 S. West Shore Blvd., 8<sup>th</sup> Floor

**Exclusive Luncheon Sponsor - \$1,000 Members-Only**

- Priority reserved table for six (6) guests with company logo recognition
- Company logo and website link included on event website and promotional e-newsletters
- Company logo on exclusive presentation slide and verbal recognition from stage during program
- Two minutes at the podium to present to attendees
- Company marketing materials at each place setting (*provided by sponsor*)
- Optional company display table near registration
- One member spotlight in e-newsletter (100-character write-up + 1 photo/logo)

**Corporate Table Sponsor - \$600 Members / \$750 Non-members**

- Reserved table for six (6) guests with company name recognition
- Company name and website link included on event website and promotional e-newsletters
- Company name on presentation slide during program
- One member spotlight in e-newsletter (100-character write-up + 1 photo/logo)

**Spotlight Table - \$250 Members / \$350 Non-members**

- Two (2) guests tickets in open seating
- Company display table near registration

**My company would like to participate at the following level:**

<input type="checkbox"/> \$1,000 <i>Members Only</i>	<b>Exclusive Luncheon Sponsor - Six (6) guest tickets</b>	<input type="checkbox"/> \$250 / \$350 <i>Members / Non-members</i>	<b>Spotlight Table – two (2) guest tickets</b>
<input type="checkbox"/> \$600 / \$750 <i>Members / Non-members</i>	<b>Corporate Table Sponsor – Six (6) guest tickets</b>	<input type="checkbox"/> \$40 / \$55 <i>Members / Non-members</i>	<b>Additional guest tickets – one guest ticket: Qty _____</b>

**Company Information:**

Name \_\_\_\_\_ Title \_\_\_\_\_  
 Company Name \_\_\_\_\_  
 Phone \_\_\_\_\_ Email \_\_\_\_\_

**Payment Information:**

Total commitment \$ \_\_\_\_\_  
 Check made payable to **Westshore Alliance** enclosed     Credit card \_\_\_\_\_     Invoice  
Type  
 Account Number \_\_\_\_\_ Expiration Date \_\_\_\_\_ Sec Code \_\_\_\_\_  
 Name on Card \_\_\_\_\_ Signature \_\_\_\_\_  
 Billing address for credit card \_\_\_\_\_ Billing zip \_\_\_\_\_  
 Email for Receipt \_\_\_\_\_

Register [online here](#) or complete this form and fax to (813) 513-2615 or email [fogarty@westshorealliance.org](mailto:fogarty@westshorealliance.org)  
 or mail to Westshore Alliance, 3109 W. Dr. Martin Luther King Jr. Blvd., Suite 140, Tampa, FL 33607

For more information, please contact Shawn Fogarty ([fogarty@westshorealliance.org](mailto:fogarty@westshorealliance.org)) or call (813) 289-5488 Ext 104.