

40  
YEARS



WESTSHORE  
ALLIANCE  
TAMPA BAY

# MEMBERSHIP LUNCHEON

*Eight Annually  
Locations Vary  
11:30 to 1pm*



## SPONSORSHIP OPPORTUNITIES



# SPONSORSHIP LEVELS

## MEMBERSHIP LUNCHEONS

BENEFITS	Presenting Sponsor \$1000	Corporate Table \$600	Spotlight Table \$250
REMARKS FROM PODIUM // 2 MINUTES	●		
RECOGNITION IN PRESIDENT'S REMARKS	●		
MARKETING MATERIALS AT PLACE SETTINGS	●		
RECOGNITION IN TBBJ EVENTS CALENDAR	LOGO & LINK		
SOCIAL MEDIA POSTS	LOGO	NAME	
RECOGNITION IN PRESENTATION SLIDE	LOGO	NAME	
RESERVED TABLE	LOGO	NAME	
PRE & POST EVENT MARKETING MATERIALS	LOGO	NAME	
RECOGNITION ON REGISTRATION PAGE	LOGO & LINK	NAME	
MEMBER SPOTLIGHT	●	●	
MARKETING DISPLAY TABLE	●		●
EVENT TICKETS	8	8	2



Presenting sponsor



Spotlight Table sponsor

# SPONSORSHIP AGREEMENT



Choose an option to complete this form:

<b>Complete online by clicking <a href="#">here</a>.</b>	<b>Complete, print and mail to:</b> Westshore Alliance, Attn: Jamie Farrell, 3109 W. Dr. MLK Jr. Blvd., Suite 140, Tampa, FL 33607	<b>Complete, scan and email to:</b> Jamie Farrell at Farrell@westshorealliance.org
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Name: \_\_\_\_\_ Title: \_\_\_\_\_

Company Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

My company would like to participate at the following level:

<input type="checkbox"/> <b>\$1000</b>	<b>Presenting Sponsor</b> <i>Exclusive</i>	<input type="checkbox"/> <b>\$250</b> <input type="checkbox"/> <b>\$350</b>	<b>Spotlight Table Sponsor</b> <i>Non-Member</i>
<input type="checkbox"/> <b>\$600</b> <input type="checkbox"/> <b>\$750</b>	<b>Corporate Table Sponsor</b> <i>Non-Member</i>	<input type="checkbox"/> <b>\$50</b> <input type="checkbox"/> <b>\$65</b>	<b>Additional Tickets</b> <i>price per ticket</i> <i>Non-Member</i> Qty _____

**Payment Information:**

Total Commitment \$ \_\_\_\_\_

<input type="checkbox"/> <b>Check</b> Made payable to Westshore Alliance
<input type="checkbox"/> <b>Request Invoice</b>
<input type="checkbox"/> <b>Credit Card</b> Enter details below



Account Number: \_\_\_\_\_ Expiration Date: \_\_\_/\_\_\_ CVC Code: \_\_\_\_\_

Name on Card: \_\_\_\_\_ Signature: \_\_\_\_\_  
I consent to my credit card being charged.

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

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

For more information, please contact Jamie Farrell at 813-289-5488 x105 or 516-424-6498 (mobile)