

Westshore Alliance August Membership Luncheon
Keynote Speaker: Dr. Ken Atwater, College President, Hillsborough Community College
Wednesday, August 11th

Registration and Networking 11:30 AM | Lunch and Program 12:00 - 1:00 PM

The Current Hotel, 2545 North Rocky Point Drive



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

- Priority reserved table for eight (8) 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 eight (8) 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) guest 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>	Exclusive Luncheon Sponsor - Eight (8) guest tickets	<input type="checkbox"/> \$250 / \$350 <i>Members / Non-members</i>	Spotlight Table – two (2) guest tickets
<input type="checkbox"/> \$600 / \$750 <i>Members / Non-members</i>	Corporate Table Sponsor – Eight (8) guest tickets	<input type="checkbox"/> \$40 / \$55 <i>Members / Non-members</i>	Additional guest tickets – one guest ticket: Qty _____

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
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) or call (813) 289-5488 Ext 104.