



2025

WESTSHORE DEVELOPMENT FORUM

Presented by



MAY 15, 2025

8:30AM to Noon

Renaissance Tampa Hotel at International Plaza



SPONSORSHIP OPPORTUNITIES

SPONSORSHIP LEVELS

WESTSHORE DEVELOPMENT FORUM

May 15, 2025

BENEFITS	SOLD Breakfast (Exclusive) \$5,000	Partner \$2,500	Ally \$1,500	Supporter \$600
BRANDED MARKETING MATERIALS & SIGNAGE	✓			
MEMBER SPOTLIGHT IN E-NEWSLETTER	✓			
MARKETING DISPLAY TABLE	✓	✓		
VERBAL RECOGNITION IN OPENING REMARKS	✓	✓		
SOCIAL MEDIA INCLUSION	LOGO	LOGO	NAME	
RECOGNITION IN TBBJ EVENTS CALENDAR	LOGO & LINK	LOGO	NAME	
RECOGNITION IN TBBJ ADVERTISEMENT*	LOGO	LOGO	NAME	
RECOGNITION IN PRE/POST-EVENT DIGITAL MARKETING	LOGO & LINK	LOGO & LINK	LOGO	NAME
RECOGNITION IN PRESENTATION & PROGRAM	EXCLUSIVE LOGO	LOGO	LOGO	NAME
EXCLUSIVE SPONSOR NAME BADGE	✓	✓	✓	✓
EVENT TICKETS	8	6	4	2

*TBBJ Ad commitment deadline 4/21/25



Marketing
Display
Table



Breakfast
Sponsor

SPONSORSHIP AGREEMENT



1. Choose an Option

Complete this form ONLINE by clicking here.	Complete form, print, and mail to: Westshore Alliance ATTN: Jamie Farrell 3109 W Dr. MLK Jr Blvd Suite 140 Tampa , FL 33607	Complete form, scan, and email to: Jamie Farrell Farrell@ChooseWestshore.com
--	---	---

2. Share your Information

Name: _____ Title: _____

Company Name: _____

Phone Number: _____ Email Address: _____

3. Select your participation level

Select all that apply

SOLD <input type="checkbox"/> \$5,000 / Breakfast (Exclusive) 8 event tickets	<input type="checkbox"/> \$2,500 / Partner 6 event tickets
<input type="checkbox"/> \$1,500 / Ally 4 event tickets	<input type="checkbox"/> \$600 / Supporter 2 event tickets
	<input type="checkbox"/> \$65 / Additional Tickets price per ticket <input type="checkbox"/> \$100 / Non-Member QTY _____

4. Choose your payment option

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

- | | | |
|--|---|--|
| <input type="checkbox"/> Check
Made payable to the
Westshore Alliance | <input type="checkbox"/> Request Invoice | <input type="checkbox"/> 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**