

40
YEARS



WESTSHORE
ALLIANCE
TAMPA BAY

Westshore Alliance Holiday Luncheon

*December 5, 2024
Fleming's Prime
Steakhouse & Wine Bar
11:45 to 1:30pm*



SPONSORSHIP OPPORTUNITIES

SPONSORSHIP LEVELS



WESTSHORE ALLIANCE
HOLIDAY LUNCHEON
DECEMBER 5, 2024

BENEFITS	Presenting Sponsor \$2,500	Westshore Ally \$1,500	Westshore Supporter \$500
VERBAL RECOGNITION IN OPENING REMARKS	SOLD		
OPPORTUNITY TO SPEAK AT THE EVENT	●		
MEMBER SPOTLIGHT IN E-NEWSLETTER	●		
SPONSOR PROVIDED MARKETING ITEM AT EACH PLACE SETTING	●		
CO-BRANDED GIVEAWAY ITEM FOR EACH GUEST	●		
RECOGNITION IN THE TBBJ EVENTS CALENDAR	LOGO & LINK	LOGO	
SOCIAL MEDIA INCLUSION	LOGO	LOGO	
RECOGNITION IN PRE/POST-EVENT DIGITAL MARKETING	LOGO & LINK	LOGO	
RESERVED TABLE WITH COMPANY SIGN	LOGO	LOGO	NAME
ONE GLASS OF HOUSE WINE OR BEER PER PERSON	●	●	●
OPPORTUNITY TO PROVIDE A DOOR PRIZE ITEM	●	●	●
EXCLUSIVE SPONSOR NAME BADGE	●	●	●
EVENT TICKETS	8	6	4



Presenting sponsor company logo at table



Door prize donation sponsor

SPONSORSHIP AGREEMENT



Choose an option to complete this form:

Complete online by clicking here.	Complete, print and mail to: Westshore Alliance, Attn: Jamie Farrell, 3109 W. Dr. MLK Jr. Blvd., Suite 140, Tampa, FL 33607	Complete, scan and email to: 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"/> \$2,500	Presenting Sponsor <i>Exclusive</i> <i>8 event tickets + swag</i>	<input type="checkbox"/> \$1,500	Westshore Ally <i>6 event tickets</i>
<input type="checkbox"/> \$500	Westshore Supporter <i>4 event tickets</i>	<input type="checkbox"/> \$65 <input type="checkbox"/> \$80	Additional Tickets <i>price per ticket</i> <i>Non-Member</i> Qty _____

Payment Information:

Total Commitment \$ _____

<input type="checkbox"/> Check Made payable to Westshore Alliance
<input type="checkbox"/> Request Invoice
<input type="checkbox"/> Credit Card Include 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)