CACTTC
ANNUAL JUNE CONFERENCE
LAKE TAHOE

2016 CACTTC ANNUAL CONFERENCE
JUNE 14–17, 2016
Resort at Squaw Creek ◆ Lake Tahoe, California

SPONSORSHIP LEVELS AND BENEFITS

☐ PLATINUM $15,000+	☐ GOLD $8,500	☐ SILVER $5,000	☐ BRONZE $3,500	☐ COPPER $1,500
• Premium recognition in program agenda • One full color inside cover page advertisement • Company logo on 2016 Conference Tote Bag • Special recognition at the Installation Dinner • Company will be listed on the 2016 conference website • Three complimentary conference registrations • One vendor booth & choice of location • Company logo on monthly email blasts • Company name w/logo signage at the conference	• Premium recognition in program agenda • One full color page advertisement • Special recognition at the Installation Dinner • Company will be listed on the 2016 conference website • Two complimentary conference registrations • Company name w/ logo signage at the conference • Discounted vendor booth $1,500.00	• Premium recognition in program agenda • One full color page advertisement • Special recognition at the Installation Dinner • Company name w/ logo signage at the conference • One complimentary conference registration	• One full black & white advertisement in program agenda • Company name w/ logo signage at the conference • One complimentary conference registration	• 1/2 page black & white advertisement in program agenda • Company name w/logo signage at the conference

All sponsors may contribute items (300) for the Conference Tote Bag to be included in the printed materials:

Payment, advertisement and logo must be received by May 6, 2016. Email your logo in a JPEG or GIF format to: sarah@shawyoderantwih.com

SUBMIT ALL FORMS

Via Mail:
CACTTC
1415 L Street, Suite 1000
Sacramento, CA 95814
Attn: CACTTC Conference 2016

Or email:
sarah@shawyoderantwih.com

SPONSORSHIP PLEDGE FORM
Please make checks payable to: CACTTC
Thank you in advance for your consideration and support!

Business Name:_____

Contact for conference info: _____

Address: _____

City:_____ State: _____ Zip: _____

Phone: _____ Fax: _____

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Authorized Representative:

Signature_____

Please Print Name _____