

2012 CAREGIVERS' CONFERENCE SPONSORSHIP

Company Name: _____ Date: _____

Contact Person: _____ Phone: _____

Address: _____ Fax: _____

_____ Email: _____

Please indicate Sponsorship Amount:

- \$200.00 – Platinum:** Company logo on marketing flyer and on registration website. Company logo and level of sponsorship in conference program and on slide show during conference. Company announced and thanked several times during conference. **Premier table location.**

- \$100.00 – Gold:** Company name on marketing flyer and on registration website. Company name and level of sponsorship in conference program and on slide show during conference. Company announced and thanked during conference. **Table provided.**

TOTAL: \$ _____

- Payment will be sent by _____

- Payment Enclosed. Make check payable to: *New Covenant Community Church*. Please note "Caregiver Support Conference" on the memo of your check.

Return this form to:
(and email your electronic logo)

New Covenant Community Church
Caregiver Support Conference
ATTN: Mary Willis
1744 E. Nees Avenue
Fresno, CA 93720
Fax: 559-298-3914
Email: marywillis@newcov.com

To ensure proper recognition of your sponsorship in the conference materials, please return your response by January 27, 2012.

**Please email your print ready logo as a jpg, gif, ps or ai file to
marywillis@newcov.com.**