

STARS OF LIFE

May 12-13, 2020
Sheraton Grand - Sacramento, CA



SPONSORSHIP FORM

This agreement will constitute the entire understanding of our company's sponsorship of _____ (Name of event you are sponsoring from list below) which will occur during the **Annual Stars of Life Celebration and Legislative Summit** of the California Ambulance Association. I have reviewed the document titled "Sponsorship Form" and understand the benefits that will be provided to our company in return for the sponsorship and the obligations of our company as a sponsor of the event.

COMPANY / ATTENDEE INFORMATION —

Company _____ Contact Name _____ Date _____
 Address _____
 City _____ State _____ Zip _____
 Phone _____ Fax _____
 Signature _____ E-mail _____

SPONSORSHIP OPPORTUNITIES —

	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Platinum	Gold	Silver	Bronze	Copper
	\$5,000	\$3,500	\$2,500	\$1,000	\$500
Display Table (6 ft) Near Registration Desk	✓	✓			
Full Page Ad in Stars Yearbook (8.5" h x 5.5" w)	✓				
1/2 Page Ad in Stars Yearbook (4.25" h x 5.5" w)		✓			
Banner Ad on CAA Website for 6 months	✓				
Banner Ad on CAA Website for 3 months		✓			
Posts to CAA's Facebook Page	✓	✓	✓		
Logo on Event Promotional Emails	✓	✓	✓	✓	
Space to Display Promotional Materials at Registration Desk			✓	✓	
Verbal Recognition at Breakfast & Dinner on May 13	✓	✓	✓	✓	✓
Logo on Conference signage	✓	✓	✓	✓	✓
Recognition in the <i>Siren</i> magazine	✓	✓	✓	✓	✓

Check payable to **California Ambulance Association** Mastercard Visa American Express
 Card Number _____ Exp Date _____ 3-4 Digit CID _____
 Name on Card _____
 Address (if different from above) _____
 Signature _____ Amount to be charged: _____

Sponsorships will be awarded on a first paid, first served basis. A minimum 50% deposit is due upon signing this agreement with the balance due by April 8, 2019.

CALIFORNIA AMBULANCE ASSOCIATION

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