

SPONSORSHIP OPPORTUNITIES

Instructions:

Please print all requested information clearly and then sign and return this form to the FPAA with the full sponsorship fee. Payment can be made by check or by completing the credit card information below. Checks should be made out and sent to: FPAA, PO Box 848, Nogales, AZ 85628. **SPECIAL NOTE: sponsorship fees must be received by October 21st for your company name to be included in the convention sponsorship recognition program.**

Sponsor Benefits:

Sponsors of this exciting event will enjoy the following marketing exposure:

- Company name listed on the freshfrommexico.com website
- Logo displayed during key convention events
- Company name listed in convention sponsorship recognition program
- Your company name listed in various ads in prominent produce publications
- Complimentary admission to various convention events based on your sponsorship level



Sponsorship Levels & Complimentary Event Admissions:

Distinguished	20 Thurs Opening, 28 Fri Gala, & 6 Golf	\$25,000+
Platinum	Trade Out Program for Industry Publications	\$12,000
Diamond	10 Thurs Opening, 15 Fri Gala, & 4 Golf	\$10,000
Gold	5 Thurs Opening, 10 Fri Gala, & 2 Golf	\$ 5,000
Silver Plus	4 Thurs Opening, 8 Fri Gala, & 2 Golf	\$ 4,000
Silver	3 Thurs Opening, 5 Fri Gala, & 1 Golf	\$ 2,500
Bronze	2 Thurs Opening, 3 Fri Gala, & 1 Golf	\$ 1,500
Standard	1 Thurs Opening and 1 Fri Gala	\$ 1,000

SPONSORSHIP TOTAL: \$ _____

Company Information:

Company Name: _____
 Contact: _____
 Address: _____
 Address 2: _____
 City: _____ State: _____ Zip: _____
 Phone: _____
 Email: _____

<u>Attendee Name/Event:</u>	<u>Thurs</u>	<u>Fri</u>	<u>Golf</u>	<u>Attendee Name/Event:</u>	<u>Thurs</u>	<u>Fri</u>	<u>Golf</u>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Payment Information (circle one):

Check MasterCard Visa AMEX Cardholder Name: _____
 Account # _____ Exp. Date _____ CSC# _____
The CSC# is the 3-digit number on the BACK of your MC, Visa and Discover card or the 4-digit code on the front of AMEX.
 Authorized Signature _____
 Billing Address _____ City _____ State/Zip _____

Please send the completed form to mar@freshfrommexico.com or fax to 520.287.2948. Questions? Call 520.287.2707