



FPAА SPRING POLICY SUMMIT
March 15-16, 2016
Tubac Golf Resort & Spa

SPONSORSHIP OPPORTUNITIES

Instructions:

Please print all requested information clearly and then sign and return this form to the FPAА 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: FPAА, PO Box 848, Nogales, AZ 85628. ****SPECIAL NOTE: Sponsorship fees must be received by March 4th, 2016 for your company name to be included in ALL promotional material.**

Sponsor Benefits:

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

- Logo displayed during key events
- Company name highlighted in convention program
- Company name listed in promotional material that will be sent to over 1,000 industry professionals
- Complimentary admission to various convention events based on your sponsorship level listed below

Sponsorship Levels & Complimentary Event Admissions:

<input type="checkbox"/> Platinum	10 Admissions	\$ 5,000
<input type="checkbox"/> Gold	5 Admissions	\$ 2,500
<input type="checkbox"/> Silver	3 Admissions	\$ 1,500
<input type="checkbox"/> Bronze	2 Admissions	\$ 1,000
<input type="checkbox"/> Standard	1 Admission	\$ 500
Total Sponsorships		\$ _____

Note: Each Admission is good for the two day event

Company Information:

Company Name: _____
 Contact: _____
 Address: _____
 Address 2: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____
 Contact email: _____

Attendee Information:

Tues Wed

_____	<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"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>

Attendee Information:

Tues Wed

_____	<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"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>

Payment Information (circle one):

Check MasterCard Visa Discover 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 csingh@freshfrommexico.com and mar@freshfrommexico.com or fax to 520.287.2948.