



2019 Sponsorship Invitation

New York State Auctioneers Association
2019 Conference February 2-4, 2019
Marriott Albany—Albany, NY

Type or Print

Company _____

Address _____

City _____ State _____ Zip _____ County _____

Contact Name _____ Title _____

Phone _____ Fax _____ Email _____

Web address _____ Additional Information _____

Enclosed is the payment of \$ _____ We would like to sponsor _____

Event Sponsorships:**# of Opportunities Available**

1. Welcome Reception (Saturday)	\$1,000.00	1 @ \$1,000.00/2 @ \$500.00/4 @ \$250.00
2. Education Seminars	\$ 250.00/each session	5
3. Luncheon (Sunday)	\$1,000.00	1 @ \$1,000.00/2 @ \$500.00/4 @ \$250.00
4. Marketing Awards	\$ 500.00	1 @ \$ 500.00/2 @ \$250.00
5. Presidential Dinner/FUN AUCTION (Sunday)	\$1,000.00	1 @ \$1,000.00/2 @ \$500.00/4 @ \$250.00
6. NYSAA Bid Calling Contest	\$ 750.00	1

Title Sponsorship \$2,000.00**IF you would like to check the availability of any particular event sponsorship, call the NYSAA.****Other sponsorships available include: conference signage, name tag lanyards, printing of the convention program and more!***Sponsorship Levels**

~ Up to \$ 299.00	Bronze
~\$ 300—\$ 599.00	Silver
~\$ 600—\$ 999.00	Gold
~\$ 1,000—\$ 1,999.00	Diamond
~\$2,000—	Platinum

Sponsorship contributors will be recognized and highlighted as follows:

- Published in the Convention Program
- Recognition at the NYSAA Convention (signage).
- Each sponsor will receive recognition at the recognition luncheon.
- **Title Sponsor(s)** will receive recognition on all marketing materials, as well as, headline every part of the Convention.

COMPLETE & RETURN THIS FORM BY: January 17, 2019**PAYMENT OPTIONS****Check enclosed (Remit in U.S. funds only)**

MAIL: NYSAA
48 N. Emerson Avenue, Ste 300

Greenwood, IN 46143

Charge my Credit Card
I authorize NYSAA to charge this credit card for the balance due.

Please circle one
MC VISA DISCOVER AMERICAN EXPRESS

IF YOU HAVE ANY QUESTIONS, CALL:

Kathy Baber, Executive Director

855-496-9722

Credit Card Number _____

Exp. Date _____ 3 digit code _____

Print Cardholder's name _____

Card Billing Address: _____