



Sponsorship Agreement

Contact Information

Company or Organization: _____

Primary Contact: _____ Title: _____

Address: _____ City: _____ State: _____ Zip: _____

Contact e-mail: _____ Company Website: _____

Products/Services your company provides: _____

SPONSORSHIP LEVELS (Check Level)

- _____ Platinum Level - \$2,500+
- _____ Gold Level - \$1,500.00
- _____ Silver Level - \$750.00
- _____ Premier Sponsor - \$500.00
- _____ Select Sponsor - \$250.00

PAYMENT METHOD

- _____ **Check:** Make payable to GLATA
- _____ **Credit Card:** Complete attached forms and return to:
kevinatcmp@sbcglobal.net

RETURN COMPLETED FORMS AND CHECK TO:

**GLATA
PO BOX 436
CRYSTAL LAKE, IL 60039**

SPONSORSHIP AGREEMENT TERMS

- Sponsorship benefits at the GLATA Annual Meeting will not be honored without payment or a completed contract.
- Current sponsors will have the right of first refusal for their sponsorship benefit.
- Sponsor will supply GLATA with company logo for display at meeting and on GLATA Website and materials.
- Sponsorships are effective January 1 through December 31.

SPONSORSHIP BENEFITS

PLATINUM: 2 prominently positioned exhibit booths; Naming opportunity of high profile Annual Meeting event; registration gift; student program title sponsor; 4 tickets to the President's Reception.

GOLD: 1 prominently positioned exhibit booth; naming opportunity for Annual Meeting event or general education session; breakfast sponsor in Exhibit Hall; 2 tickets to the President's Reception.

SILVER: 1 exhibit booth; shared naming opportunities at Annual Meeting sessions and hospitality areas; 1 ticket to President's reception

ALL SPONSORS RECEIVE: Logo placement in Winter Meeting materials and on media at and around the Annual Meeting; sponsorship recognition at your exhibit booth; Sponsorship recognition on GLATA's web page and monthly e-blasts.

On behalf of my organization listed above, I submit this agreement for sponsorship of the Great Lakes Athletic Trainers' Association. By signing, I agree to the Sponsorship Agreement Terms accompanying this Agreement.

Signature: _____ Date: _____

Checking this box will serve as digital signature for this agreement

Kevin Gerlach, ATC
Meeting Planner

Cell: 815-861-5934
E-mail: kevinatcmp@sbcglobal.net

PO Box 436
Crystal Lake, IL 60039

PLEASE RETURN EXHIBIT CONTRACT WITH SPONSORSHIP AGREEMENT