

2016 CACT Annual Meeting & Awards Luncheon SPONSORSHIP FORM

You, your company or agency are invited to become a sponsor and highlight your company and products at the event. To become a sponsor please fill out and return the form below. Thanks for your support!

Please complete and return this form by May 25, 2016 to become a sponsor.

First Name: _____ Last Name: _____

Organization/Company: _____

Address: _____

Your Title: _____

City: _____ State: _____ Zip: _____

Telephone: _____

Cell Phone: _____

Email: _____

Please indicate what you wish to sponsor by placing an X next to the sponsor amount.

\$500 VENDOR TABLE IN THE DINING ROOM

Your Company can have an 6' table for you to display your products/information. We will provide the table, and you provide your own signage. Includes **1 luncheon Ticket** and a **Quarter Page ad** ad in our Program Booklet. *You provide the ad and a jpeg of your logo. (Table Vendor Spaces are limited, first come basis)*

\$400 2016 PLATINUM SPONSOR

Full-page company ad in program booklet and your logo on the CACT Awards Program Booklet **Cover**. Your Company sign that will be displayed at the luncheon. *You provide the ad, sign and a jpeg of your logo.*

\$300 2016 GOLD SPONSOR

Half-page company ad in program booklet and your logo on the 2014 CACT Awards Program Booklet **Cover**. Your Company sign that will be displayed at the luncheon. *You provide the ad, sign and a jpeg of your logo.*

\$250 2016 CACT AWARDS LUNCHEON SPONSOR

Quarter Page ad in program booklet. Your Company sign that will be displayed at the luncheon. *You provide the sign and a jpeg of your logo.*

\$100 GENERAL 2016 SPONSOR

Your Company name listed in the CACT Awards Program Booklet noting general sponsorship.

AD SIZES: FULL PAGE 4.75" w x 7.5" h; HALF PAGE 4.75" w x 3.75 h; QUARTER PAGE 4.75" w x 1.5" h

PLEASE NOTE: * Company logo and ads must be provided as a jpeg.

CACT will take all reasonable precautions in the production and presentation of company information. It is expressly understood and agreed that no officer, director, employee, agent or representative of CACT will be held responsible for any losses, damages, and claims that may arise out of a sponsor's participation at this event. CACT does not assume any liability for errors or misprints.

Total Sponsor Amount: \$ _____ **Check Number:** _____

Sponsor Category _____

Sponsor Category _____

Make check payable to: Connecticut Association for Community Transportation (CACT)

Send check & sponsorship form to: CACT, 148 Bahre Corner Rd, Canton, CT 06019

Thank you for your sponsorship! If you have any questions, please contact Mary Tomolonius at (860) 693-0368 or email her at mary.cact@yahoo.com.

Send jpeg Logo and/or AD via email: mary.cact@yahoo.com