

# 2018 Annual Meeting & Awards Luncheon

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 June 1, 2018.**

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**

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

**\$400 PLATINUM SPONSOR**

**Full page company ad** in program booklet and your logo on the 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 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 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.

**\$125 GENERAL 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

**Send jpeg Logo and/or AD via email:** mary@cact.info

*Thank you for your sponsorship! If you have any questions,  
please contact Mary Tomoloni at (860) 841-7275 or email her at mary@cact.info*