



# 40 UNDER 40 AWARDS

THANK YOU TO OUR  
PRESENTING SPONSOR



DATE  
July 23, 2020

TIME  
6PM-8PM

LOCATION  
UNITED WAY  
WORLDWIDE

ESTIMATED  
ATTENDANCE  
350

## PRESENTING - \$6,000

- Event will be referred to as "40 Under 40 Awards Celebration: presented by "sponsoring company" in all marketing materials
- Representative to provide welcome remarks
- Sponsor logo in each e-blast about event
- Opportunity to have a representative on the 40 Under 40 selection committee
- Sponsor feature on social media
- Prominent logo on website, marketing materials, program, name tags, and presentation
- 8 tickets to event

## EXCELLENCE- \$4,000

- Multiple available
- Opportunity to have a representative on the 40 Under 40 selection committee
- Verbal recognition from the podium
- Sponsor profile on social media
- Sponsor logo used in on-site video
- Promotional table on-site
- Logo placement on website, marketing materials, program, and presentation
- 6 tickets to event

## PASSION - \$2,000

- Multiple available
- Sponsor logo used in on-site video
- Logo placement on website, marketing materials, and PowerPoint presentation
- Half Page Ad in program for company promotion or honoree spotlight
- 3 tickets to event

## PROTECTOR - \$1,000

- Multiple available
- Logo placement on website
- Company name in presentation and program
- Quarter Page Ad in program for company promotion or honoree spotlight
- 2 tickets to event

## PATRON -\$500

- Multiple available
- Logo placement on website
- Company name in program
- 1 ticket to event

# SPONSORSHIP CONFIRMATION

Have you sponsored an event with the Chamber in the last calendar year?  
If so, skip this form and email us directly at [LPATISH@ALEXCHAMBER.COM](mailto:LPATISH@ALEXCHAMBER.COM) to  
confirm your commitment for this event.

## COMPANY INFORMATION

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NAME OF BUSINESS / ORGANIZATION

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PRIMARY REPRESENTATIVE

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PRIMARY REPRESENTATIVE SIGNATURE

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ADDRESS

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CITY

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STATE

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ZIP

---

PHONE

---

EMAIL ADDRESS

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NAME OF SPONSORSHIP LEVEL / AMOUNT \$

## PAY METHOD

PAY METHOD:

INVOICE

CHECK ENCLOSED

CREDIT CARD

IF UTILIZING A CREDIT CARD:

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NAME ON CARD

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CARD NUMBER

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EXPIRATION DATE

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CSV CODE

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BILLING ADDRESS

---

BILLING CITY

---

BILLING STATE

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BILLING ZIP

PROVIDING THE ABOVE INFORMATION AUTHORIZES THE ALEXANDRIA CHAMBER OF COMMERCE TO PROCESS THIS CREDIT CARD IN PAYMENT FOR THE DESCRIBED SPONSORSHIP. THANK YOU FOR YOUR SUPPORT!