



Maryland State Athletic Directors Association

Corporate Sponsorship Program

Gold Level \$2500.00 or above

- Complimentary double exhibitor's booth
 - Prime location in exhibit hall
 - Sponsorship level signage at exhibit booth
- Right to name MSADA in your company's/product's advertising as long as your sponsorship is current
- Given recognition as a sponsor at major event at the conference
 - Banquet on Saturday
 - Breakfast on Sunday
- Special presentation at General Session on Friday afternoon
- Logo on the main page of MSADA website with link
- Four \$50 passes for a meal at the hotel or a nearby restaurant (TBA)
- 1/4-page ad in all three MSADA newsletters with special recognition for level of sponsorship
- Membership mailing list
- Recognition in newsletter and website for level of sponsorship
- Logo will be included on all MSADA newsletter publications

Silver Level \$1500.00 - \$2499.00

- Complimentary exhibitor's booth
 - Sponsorship level signage at exhibit booth
- Two \$50 passes for a meal at the hotel or a nearby restaurant (TBA)
- 1/4-page ad in all three MSADA newsletters with special recognition for level of sponsorship
- Membership mailing list
- Recognition in newsletter and website with link
- Special presentation at General Session on Friday afternoon
- Logo will be included on all MSADA newsletter publications

Bronze Level \$1000.00 - \$1499.00

- Complimentary exhibitor's booth
 - Sponsorship level signage on exhibit booth
- Membership mailing list
- Recognition in newsletter and website with link
- Two \$50 passes for a meal at the hotel or a nearby restaurant (TBA)
- Business card ad in all three MSADA newsletters

Corporate Sponsorship Program Yearly Application/Agreement

Yes, our/my corporation/company is interested in being a sponsor of the **MSADA**. We are interested in the:

_____ Gold Level \$2500.00 or above

_____ Silver Level \$1500.00 - \$2499.00

_____ Bronze Level \$1000.00 - \$1499.00

_____ In Kind – No Charge

Service or Product you are providing to the **MSADA** _____

Corporation/Company Name _____

Address _____

Website Address _____

Telephone Number _____

Fax Number _____

Contact Person _____

Email Address _____

Names of Representative(s) that will be attending the Conference _____

Name: _____ Title: _____

Signature _____ Date _____

Please return with check made out to the **MSADA** to:

MSADA
c/o Carol M. Satterwhite, CAA
Executive Director
5467 Gloucester Road
Columbia, Maryland 21044

Internal Revenue Service
Identification Number: on request