



## 2018 Arc Annual Meeting & Recognition Event Sponsorship & Ticket Agreement Form

This is an agreement with The Arc of Alachua County, Inc. to sponsor or buy ticket(s) for the October 18th, 2018 Arc Annual Meeting & Recognition Event. By signing this document, I am responsible to pay for the sponsorship or ticket by 10/17/2018. Contact Dr. Mark A. Johnson at 352-334-4060 ext. 127, 352-246-3516 or [mjohnson@arcalachua.org](mailto:mjohnson@arcalachua.org) to make payment.

***"I agree to sponsor or purchase tickets to the October 18th, 2018 Arc Annual Meeting & Recognition Event at the level noted below. I agree to pay my sponsorship or ticket no later than 10/17/2018."***

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**Signature of Sponsor/Donor**

**Date**

### **EVENT SPONSORSHIP**

- \$2,000 (2 tables of 8, company logo on sign in front of auditorium at event, page 2 mention in annual report, company name mentioned on table sign)
- \$1,000 (1 table of 8, company logo on sign in front of auditorium at event, page 2 mention in annual report)
- \$500 (1 table of 8, page 2 mention in annual report)

### **AWARD SPONSORSHIP**

- \$1,000 – Employee of the Year (1 table of 8, company logo in front of auditorium, page 2 mention in annual report)
- \$500 – Direct Service Provider of the Year (1 table of 8, page 2 mention in annual report)
- \$500 – Client of the Year (1 table of 8, page 2 mention in annual report)

### **TABLE SPONSORSHIP**

- \$400 – One Table (1 table of 8)

### **INDIVIDUAL TICKET(S) PURCHASE**

- \$50 per person

### **I intend to pay using the following option:**

- **I Have Enclosed A Check**  
Check Number: \_\_\_\_\_
- **I Will Pay With A Credit Card**  
Credit Card Type: MasterCard/VISA/American Express    Name on Card: \_\_\_\_\_  
Credit Card Number: \_\_\_\_\_    Expiration Date: \_\_\_\_    Security Number: \_\_\_\_\_  
Zip Code of Credit Card Billing Address: \_\_\_\_\_
- **I Wish To Have An Invoice Mailed To Me or My Business/Company:** Name: \_\_\_\_\_  
Address: \_\_\_\_\_    City: \_\_\_\_\_    Zip: \_\_\_\_\_    Amount  
to be displayed on Invoice: \$ \_\_\_\_\_    Name of Contact Person: \_\_\_\_\_  
For Recognition Purposes, please list my organization/me as: \_\_\_\_\_