

Luann L. Purcell, Ed.D., Executive Director

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City:

OF SPECIAL EDUCATION A Division Of The Council For Exceptional Children

Osigian Office Centre 101 Katelyn Circle Suite E Warner Robins, GA 31088 Website: www.casecec.org

Sponsorship Form	2018 CASE/CEC Legislative Summit
	July 8-11, 2018, Westin Alexandria, Virginia
Vendor Name	
Contact	
Address	

Fax: E-mail Phone:

The cost of sponsorship of any event of \$2000-\$3000 includes one (1) conference registration; events of \$4000 include two (2) registrations. For additional registrations, contact Robin Smith at rsmith@casecec.org for a 15% discount on additional registrations). Please initial in the box of the event you wish to sponsor. Sponsors get pre and post attendee list!

State: _____

Zip:_

APPS ARE THE THING! We will activate the APP in June and from the time our participants download the APP, they will see your banner—This is a great way to get your website at the fingertips of our participants!

SPECIAL CATEGORY: If you cannot sponsor/co-sponsor, would you consider being a Silver Event "Partner" for \$500 or a "Gold Partner" for \$1000? The Partners would have signage displayed throughout the Summit, would be in our weekly update for 2 weeks for Partners and 4 weeks for Gold Partners (not an ad, a special mention in a special box), a thank you in our Newsletter. Partners would get a post email list of attendees and the Gold Partners would get pre and post attendee list.

DATE	EVENT	COST	SOLE SPONSOR (Check if	CO- SPONSOR Interested where
July 8-11	Break 7/8-Sunday	\$2000		
Legislative	Breakfast 7/9- Mon.	\$3000		
Leadership	Luncheon 7/9-Mon.	\$3000		
Summit	Break 7/9- Mon.	\$2000		
Alexandria, VA	Reception 7/9 Mon.	\$4000		
	Breakfast 7/11- Wed.	\$3000		
APP BANNER	Throughout	\$3000		

SPECIAL EVENT PARTNER			
		Check one	
PARTNER	\$500		
GOLD PARTNER	\$1000		

Payment Options: Check (payable to CASE) or Credit Card (MC, Visa, AmEx, Discover) to:

CASE, Inc.

Dr. Luann L, Purcell Voice: 478-333-6892 101 Katelyn Circle SUITE E FAX: 478-333-2453

Warner Robins, GA 31088-6484 Email: lpurcell@casecec.org

Name on Credit Card:	Credit Card: AM EX Discover MC VISA
CC Number:	VIN (3 digit # on back of card):
Expiration Date:	Zip code of Card Holder:

