

2009 BREAKFAST CLUB FORUMS

Sponsorship Benefits & Registration Form

SERIES SPONSOR (1 available) \$10,000 Member/\$12,000 Non-Member

- Two Sponsor Tables (20 seats) with prominent seating at four (4) Breakfast Club events
- Logo recognition as “Series Sponsor” in edited video recordings of two (2) events to be made available for viewing on the SDCTA website year-round
- Opportunity to recommend forum topics and panel speakers
- Recognition as “Series Sponsor” on marketing and media materials for each event
- Logo recognition in program for each event (priority size and placement)
- Logo recognition on SDCTA website, including link to sponsor’s website
- Company banner displayed at event
- Company name displayed on table signage
- Verbal recognition at event

PRESENTING SPONSOR \$1,000 Member/\$1,200 Non-Member

- Logo recognition on all marketing materials
- One Sponsor Table (10 seats) with prominent seating at one (1) Breakfast Club event
- Logo recognition on SDCTA website
- Company banner displayed at event
- Company name displayed on table signage
- Verbal recognition at event

Table/Individual Registration Cost

Member Table of Ten:	\$350	Individual Member:	\$35
Non-Member Table of Ten:	\$450	Individual Non-Member:	\$45

Reservation Form

Yes! I welcome the opportunity to support the SDCTA Breakfast Club program at the level indicated below:

Sponsorship:

- Series Sponsor \$10,000 (Member Rate)
- Series Sponsor \$12,000 (Non-Member)
- Presenting Sponsor \$1,000 (Member Rate)
- Presenting Sponsor \$1,200 (Non-Member)

Table/Individual Registration: (please indicate quantity in space provided)

____ Member Table of Ten \$350 ____ Non-Member Table of Ten \$450
____ Member \$35 ____ Non-Member \$45

Contact Name: _____

Organization: _____

Phone: _____ Fax number: _____

Email: _____

- Check enclosed.
- Please invoice my company. I understand that payment must be received five (5) business days before the event to secure the reservation.

Please charge my credit card. I authorize the San Diego County Taxpayers Association to charge the credit card below in the amount of \$_____.

Visa MasterCard

Credit Card Number: _____ - _____ - _____ - _____

Expiration Date: _____ Billing Zip Code: _____

Name as it appears on Credit Card

Cardholder's Signature

Please return this form to SDCTA by fax (619) 234-7403 or mail to SDCTA at 110 West C Street, Suite 714, San Diego, CA, 92101.

Questions? Call 619-234-6423 or email chris@sdcta.org.