



2019 SPONSORSHIP AGREEMENT

NAME _____

COMPANY NAME _____

ADDRESS _____

EMAIL ADDRESS _____

PHONE _____

WEBSITE _____

SOCIAL MEDIA CHANNELS _____

SPONSORS & EXHIBITORS

YES, we would like to support *NE FIRST* during the 2019 season at the level checked below.

_____ **Regional Sponsor: \$25,000**

_____ **Event Sponsor: \$3,500 to \$12,500**

How Many Events Will You Participate In _____

Committed Amount \$ _____

_____ **Exhibitor Tabling: \$1,000 to \$12,000**

How Many Events Will You Participate In _____

Committed Amount \$ _____

_____ **Custom sponsor amount**

Description _____

Committed Amount \$ _____

_____ **NE FIRST Friends: \$500**

Please send completed form and payment to *NE FIRST*, P.O. Box 940, Bloomfield, CT 06002.
Please email a digital version of your company logo to Carol Scully at cscully@nefirst.org.