



June 9-11, 2023 | Charles R. Wood Park, Lake George, NY

Sponsorship Request Form

Company Name: _____

**** Please list your company name exactly as it should appear on all printed materials. ****

Contact Name: _____

Contact Phone: _____

Email: _____

Company Website Address: _____

Please circle your preference below and remit this form to **estranys@aol.com**. You will be emailed a confirmation invoice or contacted if your preference is unavailable.

Sponsorship requests and full payment **must be received by May 3, 2023** to secure inclusion in printed materials.

Sponsorships	Price	Sponsorship Details *
Registration Fri. June 9 & Sat. June 10	\$2,000	Includes your company logo printed on attendee lanyards and on the back of each attendee's name badge.
Meet & Greet Dinner Friday, June 9	\$5,000	Includes your company logo printed on dinner tickets, event signage and one reserved table at the dinner.
Cocktail & Cigar Reception Saturday, June 10	\$1,500	Includes event signage and signature beverage choice for event attendees.
Truck Beauty Pageant Sunday, June 11	\$1,250	Includes signage at the truck registration station, throughout the pageant truck display area, and sponsorship listing on the Grand Champion Trophy.
Attendee Tote Bags	\$1,000	Includes logo printed on tote bag in primary position. Signage for tote sponsorship will be at registration.
General Show Sponsorship: Platinum Gold Silver	\$750 \$500 \$250	Includes signage throughout the vendor and pageant areas.

* All sponsorships include listing in the show program and newsletter, on the show website and Facebook page as well as event signage.



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Authorization to Charge Credit Card

Card Holder's Name: _____

Company Name: _____

Billing Address: _____

Contact Name and Phone: _____

I, _____, authorize the Empire State Towing and Recovery Association, Inc. to charge my credit card in the amount of \$ _____.

for:

____ Exhibit/Booth Space

____ Program/Directory Advertising

____ Sponsorship

____ Other: _____

Credit Card Number _____

Expiration Date _____

Security Code _____

Billing Zip Code _____

Card Holder's Signature: _____

Print Name: _____

Date: _____

Please submit a separate form for each transaction you are requesting.