

# Modern Threats: SAM Systems



ASSOCIATION  
OF OLD CROWS

SEPTEMBER 2023

Huntsville, AL

## SPONSORSHIP/EXHIBITOR CONTRACT

### SPONSOR LEVELS:

#### **Title: \$10,000 Member Rate/\$12,500 Non-Member Rate {exclusive Sponsor}**

- Company logo linked to your company site on the conference website
- Sponsorship recognition on conference communications when permitted
- Custom company PowerPoint slides displayed to attendees before start and during breaks (up to 3 slides)
- Four (4) complimentary conference registrations
- Welcome Remarks and topic-based presentation
- Exclusive Networking Reception Sponsor

#### **Platinum: \$7,500 Member Rate/\$9,375 Non-Member Rate {Up to four sponsors}**

- Company logo linked to your company site on the conference website
- Sponsorship recognition on conference communications when permitted
- Custom company PowerPoint slides displayed to attendees before start and during breaks (up to 3 slides)
- Two (2) complimentary conference registrations
- Co-sponsor Networking Reception

#### **Gold: \$5,000 Member Rate/\$6,250 Non-Member Rate {Up to four sponsors}**

- Company logo linked to your company site on the conference website
- Sponsorship recognition on conference communications when permitted
- Two (2) complimentary conference registrations
- Co-sponsor bus transportation on and off base (if needed)

#### **Silver: \$2,500 Member Rate/\$3,125 Non-Member Rate (multiple sponsors)**

- Company logo linked to your company site on the conference website
- Sponsorship recognition on conference communications when permitted
- Two (2) passes to Networking Reception

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## Company Information

Organization Name: \_\_\_\_\_

Company Contact: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

URL: \_\_\_\_\_

## Payment Information

50% nonrefundable deposit due with contract; final payment due one month before conference.

Make checks payable to: **Association of Old Crows**

Mail to: 1001 N Fairfax Street, #300, Alexandria, VA 22314

Credit Card Payment (check one)  MasterCard  VISA  AMEX

Card Number: \_\_\_\_\_ Exp: \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Amount to charge: \$ \_\_\_\_\_

**Notes:** *All balances must be paid in full prior to TBD*

**Please return BOTH pages of contract to: Sean Fitzgerald at [fitzgerald@crow.org](mailto:fitzgerald@crow.org) or fax 703-549-2589**