

ANNUAL

# Women in Achievement Awards



## Advertisement Opportunities

	MEMBER	NON-MEMBER
FULL SLIDE	\$50	\$100

### ADVERTISEMENT BENEFITS

Sponsorship includes one PowerPoint slide advertisement. A blank template will be sent to you once your ad space is confirmed. *All slides are due January 28, 2022.*

## Sponsorship Opportunities

	MEMBER	NON-MEMBER
EVENT SPONSOR	\$500	\$1,000
GIVEAWAY SPONSOR	\$1,000	\$1,500

### SPONSOR BENEFITS

Event Sponsorship includes one PowerPoint slide advertisement, one complimentary pass to the event, your logo on event page and email promotions, and a special social media post. A blank template will be sent to you once your sponsorship is confirmed. *All slides are due January 28, 2022.*

Giveaway Sponsorship includes one PowerPoint slide advertisement, two complimentary passes to the event, your logo on event page and email promotions, and a special social media post. NYIC will coordinate the delivery of a giveaway item for you. Cost of giveaway is an additional cost. A blank template will be sent to you once your sponsorship is confirmed. *All slides are due January 28, 2022.*

## Partnership Opportunities

	MEMBER	NON-MEMBER
PARTNER	\$250	\$350

### PARTNER BENEFITS

One PowerPoint slide advertisement. Logo on the event page and all email promotions. A blank template will be sent to you once your sponsorship is confirmed. *All slides are due January 28, 2022.*

*For more details, please contact Sarah Kuhns at [skuhns@instituteofcredit.org](mailto:skuhns@instituteofcredit.org)*

*For more information on this event, please visit [www.instituteofcredit.org](http://www.instituteofcredit.org)*

**COMPLETE THE FORM BELOW TO SECURE YOUR OPPORTUNITY**



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## Advertisement & Sponsorship Opportunities

### CONTACT:

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

Title: \_\_\_\_\_

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

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

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

### METHOD OF PAYMENT

Amount enclosed: \_\_\_\_\_

Sponsorship/Advertisement Choice: \_\_\_\_\_

Visa

American Express

MasterCard

Pay by Check

CREDIT CARD NUMBER \_\_\_\_\_ EXP DATE \_\_\_\_\_

Billing Address (if different) \_\_\_\_\_

SIGNATURE \_\_\_\_\_

Please email to: [skuhns@instituteofcredit.org](mailto:skuhns@instituteofcredit.org)

#### If paying by check:

Make check payable to NYIC.

#### Send payment to:

NYIC

1341 W. Broad Street

Stratford, CT 06615