



Minnesota/Dakotas Chapter of the ESOP Association

Sustaining Sponsorship Program

The Minnesota/Dakotas Chapter of the ESOP Association thanks you for your support as a member of the Chapter. We hope you will take this opportunity to participate as a Sustaining Sponsor of the Chapter in the interest of furthering Chapter resources and maintaining and improving the quality of programs offered.

Please select your level of support from the options listed below:

- Website Sponsor** - The Chapter pays for 100% of the hosting and management of the website. www.mndak-esop.org. Your sponsorship will help us sustain the Chapter website to provide events, membership directory, helpful resources and legislative updates. Sponsors will be recognized as a Featured Company and have their logo and business description highlighted on the website, plus have a link provided to their organization's website.

Website Sponsor Fee is \$500.00 \$_____

- Golf Tournament Sponsor** - Secure your space for the July 19, 2018 Foundation Golf Tournament at Bunker Hills Golf Course. Includes recognition on all printed materials, four golfers, lunch, dinner and golf cart..

Golf Tournament Sponsor Fee is \$700 \$_____
(Golf sponsorship received after April 1 is \$750.00)

- Chapter Meeting Hospitality Sponsor** - The cost for holding our Chapter meetings keeps rising. Help us keep meeting fees affordable by sponsoring the hospitality/networking portion of these events. Hospitality sponsors and their logos will be prominently featured at the registration table and at the hospitality table during Chapter meetings.

Chapter Meeting Hospitality Sponsor Fee is \$300.00 \$_____

Total of items selected above \$_____

OR **Sponsor all three programs and save \$150.00!** **\$ 1,350.00**

Company Name _____

Contact Person _____ Phone _____ E-Mail _____

Please send this form and check payable to "The ESOP Association" by January 1, 2019 to:

Sue Crockett
1805 3rd Ave South #301
Minneapolis, MN 55404

Or pay by credit card by providing the following information:

Name as on Card _____ Credit Card: ___ Visa ___ Mastercard ___ Am Exp

Expiration Date _____ Card # _____

Credit Card payments may be sent to Sue by e-mail: scrockett@esopexec.org or Fax: 612-872-4377

We thank you for your support of the Minnesota/Dakotas Chapter!!!!