



Educate, empower, and advocate for the school nutrition professionals to advance the integrity, the accessibility, and quality of school nutrition programs

Dear Sustaining Member,

Our Annual Conference in Greensboro is coming up, **June 12-13, 2024**. As you know, this is an exciting and educational event for our members. Each year, many of our industry friends ask how they can help us with this event. We have a list of ways that you and your company can help us provide an exceptional experience for School Nutrition employees. At the same time, we can provide recognition for your company.

We have divided the sponsorships into different levels. The amount of company exposure and recognition increases with each level. We invite you to look over this list and return the enclosed form to us as soon as possible. If you decide to be a sponsor, we need your contribution by **May 1, 2024**, in order to print your company name in the program and on the signs. If you have any questions about the sponsorships, please contact **Dawn Ferguson Roth at jbdfroth@aol.com or 888.204.8204**.

SPONSOR LEVELS

<p><u>PLATINUM LEVEL \$3000 +</u> Company Name in Arrow Company Name in Program Company Name on Signage 2 Banquet Tickets (Thurs. Night) Sponsor Ribbon on Badge</p>	<p><u>GOLD LEVEL \$1500 +</u> Company Name in Arrow Company Name in Program Company Name on Signage Sponsor Ribbon on Badge</p>	<p><u>SILVER LEVEL \$500 +</u> Company Name in Program Company Name on Signage Sponsor Ribbon on Badge</p>
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Thank you for your support of the School Nutrition Association of North Carolina. We hope to hear from you soon.

Very truly yours,

Stephanie Hall & Tammy Rinehart
 Conference Co-Chairs

**School Nutrition Association of North Carolina
Koury Convention Center**

Sponsor Information

The options listed below are opportunities to sponsor speakers, presenters, entertainment or other parts of our conference. Please indicate your choice of level.

Platinum \$3000 + _____ Total Platinum Level Amount _____

Gold Level \$1500 + _____ Total Gold Level Amount _____

Silver Level \$500 + _____ Total Silver Level Amount _____

Sponsor and Payment Form

Sponsor form and payment must be received by May 01, 2024, in order for your company to be recognized in the program and with signs.

Company Name to Appear in Signage

Name of Contact Person

Mailing Address

City/State/Zip

Amount Enclosed

Phone Number

Cell

E-mail Address

Signature

Date

Payment Information

Check or Credit Card Accepted

**Mail Form with Check or Credit
Card Information to:**

SNA-NC
2318 N. Elm St.
Greensboro, NC 27408
jbdfroth@aol.com

Amount enclosed: _____

Visa__ MasterCard__ AMEX__

Name on Credit Card

Credit Card Number

Exp. Date

Signature

3 or 4 Digit Security Code

Billing Address for Credit Card Statement

Email Address for Receipt