

# NCCAVS User Groups Marketing Opportunities

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## SPONSORSHIP FORM

Website: [www.avsgroups.org](http://www.avsgroups.org)

### Sponsorship Benefits, Levels and Costs:

- **Copper, Silver and Gold Meeting Benefits:** Company name/hyperlink on selected User Group meeting Announcement Webpage and e-mail announcements and one (1) overhead slide at the meeting.
- **Platinum Meeting Benefits:** Company logo/hyperlink on selected User Group meeting Announcement Webpage and e-mail announcements and one (1) overhead slide at the meeting.
- **Featured Sponsor Benefits:** Company logo/hyperlink on User Group homepage & selected User Group sidebar for one year and one (1) overhead slide at the meeting.

### Select Sponsorship level:

- |                                                   |       |                                                                       |         |
|---------------------------------------------------|-------|-----------------------------------------------------------------------|---------|
| <input type="checkbox"/> Copper (1 UG Mtg.)       | \$250 | <input type="checkbox"/> Platinum (UG Only Mtgs for one group-1 Year) | \$1,000 |
| <input type="checkbox"/> Silver (1 Joint UG Mtg.) | \$500 | <input type="checkbox"/> Featured (1 Year – homepage & sidebar)       | \$1,000 |
| <input type="checkbox"/> Gold (3 UG Mtgs.)        | \$500 |                                                                       |         |

### Select User Group (select one):

- CMPUG     JTG     PAG     TFUG

Fill in Meeting Date(s): \_\_\_\_\_

## ATTENDEE INFORMATION

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

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

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

City, State, Postal Code: \_\_\_\_\_

Province: \_\_\_\_\_ Country: \_\_\_\_\_

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

E-mail: \_\_\_\_\_

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

## METHOD OF PAYMENT

- Check enclosed (payable to NCCAVS in U.S. dollars and drawn on a U.S. bank, AVS Tax ID No.: 04-2392373)  
 MasterCard     VISA     American Express

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_ CCID #: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_

TOTAL AMOUNT: \$ \_\_\_\_\_ U.S. Dollars

Please e-mail or send registration form/payment, logo (.jpg) and one (1) overhead slide (.ppt) to:

### **NCCAVS**

**110 Yellowstone Dr., #120**

**Chico, CA 95973**

**Phone: 530-896-0477**

**Fax: 530-896-0487**

**E-mail: [heather@avs.org](mailto:heather@avs.org)**