

PLEASE CHECK THE SPONSORSHIP INVESTMENT LEVEL DESIRED

- | | | | |
|--|----------|--|-----------------|
| <input type="checkbox"/> SIGNATURE SPONSOR | \$27,500 | <input type="checkbox"/> LEAD SPONSOR | \$5,000 |
| <input type="checkbox"/> EVENT SPONSOR | \$10,000 | <input type="checkbox"/> PROGRAM SPONSOR | \$3,500 |
| <input type="checkbox"/> SPECIAL SPONSOR | \$10,000 | <input type="checkbox"/> LUNCHEON SPONSOR | \$2,000 |
| <input type="checkbox"/> Students & Educators (Up to 80 Tickets) | | <input type="checkbox"/> TABLE SPONSOR-VIP | \$1,000 |
| <input type="checkbox"/> Entrepreneurs (Up to 40 Tickets) | | <input type="checkbox"/> TABLE SPONSOR | \$750 per table |
| <input type="checkbox"/> Non-profits (Up to 40 Tickets) | | Number of tables desired _____ | |

DONATE TO THE BUSINESS BUILDER AWARD FUND

I would like to donate an additional \$_____ to support the Business Builder Award Fund and become a benefactor of the program (recognized on print material and special recognition on Founder’s Plaque).

PLEASE INDICATE YOUR PREFERENCE: BILL US IN 2019 OR 2020

ENTER YOUR CONTACT INFORMATION

We will contact you to arrange payment. We accept checks, major credit cards, or can invoice you.

BILLING CONTACT NAME _____

ORGANIZATION _____

ADDRESS _____

PHONE _____ EMAIL _____

My organization desires to sponsor The NIIC Ideas@Work Event as designated.

AUTHORIZED SIGNATURE _____

PRINTED NAME _____

**SPONSOR
REGISTRATION
FORM**



RETURN THIS FORM TO TAMMY SIPE



EMAIL

Tsipe@niic.net



MAILING ADDRESS

Northeast Indiana Innovation Center
3201 Stellhorn Rd.
Fort Wayne, IN 46815



QUESTIONS?

(260) 407-1736