

Thank You for Partnering with THE COUNCIL! Please complete this form and your “A La Carte Menu” of Marketing Services by circling those items you would prefer as part of your program and return them to The Council to receive your 2008-09 Council Contract. You may fax these forms to 518/426-2229, attention Theresa Wutzer, Associate Director. If you have any questions, please don’t hesitate to contact Theresa at 518-449-1063 or theresa@nycoss.org.

1. Support Level (Please check one level only.)

Signature Supporter Level - \$15,000 / 5 Contracts Available

Benefits: Access to “A La Carte Menu” of Marketing Benefits. See brochure for more detail.
 Customized Marketing Plan
 Access to Exhibiting Opportunities

Premier Supporter (check one) -

- Diamond Level - \$10,000 / 16 contracts available
- Platinum Level - \$8,000 / 16 contracts available
- Gold Level - \$6,000 / 11 contracts available
- Silver Level - \$4,000 / 11 contracts available

Benefits: Access to “A La Carte Menu” of Marketing Benefits. See brochure for more detail.
 Access to Exhibiting Opportunities

Sustaining Member - \$500

If you choose not participate as a supporter, you may still become a sustaining member. Benefits are limited. See brochure for more details. Sustaining members do not have access to the “A La Carte Menu” of Marketing Benefits or exhibiting opportunities at conferences.

2. Company Information

Name of Company: (Please list your legal company name) _____

_____ Email Address: _____

Main Office Address:

 Street# City State Zip Code

Telephone: _____ Fax: _____

Web Site Address: _____



3. Company Contacts

1. Please designate one person to receive and to coordinate contracts, conference mailings, advertising requests, and meeting coordination.

Main Company Contact (include name & title): _____

Address (if different from main address): _____

Street _____ City _____ State/Zip Code _____

Telephone: _____ Fax: _____ E-mail: _____

2. Please designate one person that we should write the contract to if different from the marketing contact:

Company Contact for Contract (if applicable, include name & title): _____

Address (if different from main address): _____

Street _____ City _____ State/Zip Code _____

Telephone: _____ Fax: _____ E-mail: _____

4. A La Carte Selections

Please circle the benefit options that you are interested in for your company/organization on the “a la carte” Menu of Benefits included with this form. Please note that benefits are not final until reviewed by The Council staff and presented in your final contract. Please write comments below.

5. Signature of Company Representative

Signature _____

Date _____

Printed Name _____

