



ALL MEMBERS CONFERENCE

Opening Doors to Members and Science

October 10-13, 2022

ATLANTA, GA

SPONSORSHIP PROSPECTUS

AMC 2022 Sponsorship Levels



DIAMOND SPONSORS - \$20,000

- Full conference registration for six attendees to all events (may include designated ARCS Scholars)
- Recognition
 - Acknowledgement at Opening Reception
 - Premier placement in event program and event signage
 - Announcement in a media release
 - Featured on ARCS website homepage
 - Includes all Platinum Recognition

PLATINUM SPONSORS - \$10,000

- Full conference registration for four attendees to all events (may include designated ARCS Scholars)
- Recognition
 - Direct mail and media releases
 - Social Media post
 - Includes all Gold recognition

GOLD SPONSORS - \$5,000

- Full conference registration for two attendees to all events (may include designated ARCS Scholars)
- Recognition
 - ARCS website
 - Includes all Silver recognition

SILVER SPONSORS - \$2,500

- Full conference registration for two attendees to all events (may include designated ARCS Scholars)
- Recognition
 - Event program and event signage
 - *Achievements* monthly national e-newsletter
 - ARCS Annual Report

Questions? Contact Sally McDaniel (sallysmcdaniel@gmail.com) or Andrea Thoreson (andreathoreson@mac.com) for questions about sponsorship.

AMC Sponsorship Form

October 10-13, 2022

Please indicate Sponsorship Level(s):

- | | |
|---|----------|
| <input type="checkbox"/> Diamond Sponsor | \$20,000 |
| <input type="checkbox"/> Platinum Sponsor | \$10,000 |
| <input type="checkbox"/> Gold Sponsor | \$5,000 |
| <input type="checkbox"/> Silver Sponsor | \$2,500 |

Grand Total: \$ _____

Contact Information

Name _____

Company _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

All listings and signage should read: _____

Payment *(must accompany application to guarantee sponsorship)*

Check (payable to ARCS Foundation, Inc.) Visa Mastercard AMEX Discover

If paying by credit card, all fields below are required. Please do not send credit card information via email to protect your information.

Card Number _____ Exp. Date _____ Sec. Code _____

Name (as it appears on card) _____

Phone _____ Authorized Signature _____

Address (if different than above) _____

City _____ State _____ Zip _____

Complete this form and mail to ARCS Foundation, Inc. at:

PO Box 2649 | LaGrange GA 30241

(For office use only)

| | |
|-----------|------|
| initials | fin. |
| date | |
| CK/CC | |
| amt. paid | |
| bal. due | |