



2023 Fall Extravaganza Sponsor Registration Form

Sponsor's Name:

(Please provide the name you wish to appear on all promotional materials)

Contact Name: _____

Contact Address: _____

Contact Phone Number: _____

Contact Email: _____

Please register us for the following Sponsor level:

_____ **PLATINUM SPONSOR** (minimum: \$1,500)

Sponsor Board: Company Logo {xlg}

E-Newsletter: Company Name & Link

VIP table at event & drink tokens

Logo/link on COAM website

Media Announcement

_____ **GOLD** (minimum: \$750)

Sponsor Board: Company Logo {lg}

E-Newsletter: Company Name & Link

VIP table at event & drink tokens

_____ **SILVER** (minimum \$500)

Sponsor Board: Company Logo {med}

E-Newsletter: Company Name & Link

Reserved table at event

_____ **BRONZE** (minimum: \$250)

Sponsor Board: Company Name {sm}

E-Newsletter: Company Name & Link

Please indicate your choice of sponsorship above, and return with payment to:

Central Oregon Autism Movement

946 SW Veterans Way #102-213

Redmond, OR 97756