Sponsorship Opportunities

CANASA
Canadian Security Association
L'Association canadienne de la sécurité

Memramcook Valley Golf Club
54 Park Road, Memramcook, New Brunswick
Tuesday, September 11, 2012
Registration 12:30 p.m.
Shotgun start 1 p.m.
Dinner 6 p.m.

ATLANTIC CHAPTER
ANNUAL GOLF TOURNAMENT SPONSORSHIP

This popular golfing event is a wonderful way to thank your customers for their valued business. The sponsorship opportunities available this year provide your company with additional visibility and brand recognition.

I WOULD LIKE TO SPONSOR		
◯ DINNER SPONSOR	Can be shared by two sponsors. Table signage provided by CANASA. includes five minutes of podium time. Your logo will appear on tent cards at all tables and on napkins. You will receive reserved seating of three tables	$1,500
◯ ~~MOTOR COACH TRANSPORTATION SPONSOR~~ **SOLD OUT**	Will include sponsor signage on either side of 45 person limo bus (www.thepartybus.ca) of the outside windows, option to utilize dvd player/screens in the bus for a promotional video provided by the sponsor, 12 reserved seats on the bus, 45 water bottles labelled with Canasa and sponsor logo, cocktail napkins printed with Canasa and sponsor logos placed in glasses inside the bus.	$1,000
◯ ~~PROMOTIONAL ITEM~~ **SOLD OUT**	Your company name will accompany CANASA's on a golf umbrella given to each golfer.	$750
◯ HOLE SPONSORSHIP Number of holes Hole Sponsorship Total $ 0.00	Prize for a sponsored hole should be a minimum retail value of $200. Option for longest drive, longest putt, closest to the pin, hole-in-one. Golfers are allowed one hole prize per person. You will receive a sign at the hole with your company name. Your company representative will have the opportunity to present the gift to the winner at the dinner.	$159 Per Hole
	TOTAL $	0.00

For more information:
Zen Brum
Meeting and Event Planner
Tel: 1 (800) 538-9919 ext. 239
Fax: (905) 513-0624
Email: zbrum@canasa.org

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PAYMENT

Contact name: _____

Company name: _____

Company address: _____

City: _____ Province: _____ Postal code: _____

Tel: _____ Email: _____

TOTAL AMOUNT PAYABLE $ 0.00

☐ Cheque *(payable to "Canadian Security Association")*
Mail to: CANASA
50 Acadia Avenue, Suite 201
Markham, Ontario L3R 0B3

☐ Visa
☐ MasterCard
☐ American Express

Card number: _____ Expiry date: _____

Cardholder name (please print): _____

Signature: _____

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By submitting this form electronically, you are authorizing the Canadian Security Association to charge your credit card for the amount indicated above.

SUBMIT FORM