



**Tuesday**  
**April 26, 2016**

Holiday Inn  
172 North Main St., Concord, NH

# SPONSORSHIP FORM



**NH Grocers Association**  
110 Stark Street  
Manchester, NH 03101  
Tel: 603-669-9333  
Fax: 603-623-1137

**YES!** I would like to have our company listed as a Government Relations Day Sponsor.

## SPONSORSHIP LEVEL: Select your level of participation.

- |  |               |   |                |
|--|---------------|---|----------------|
| <input type="checkbox"/> Granite Level . . . . .   | <b>\$1000</b> | <input type="checkbox"/> Platinum Level . . . . . | <b>\$6,500</b> |
| <input type="checkbox"/> Statesman Level . . . . . | <b>\$500</b>  | <input type="checkbox"/> Gold Level . . . . .     | <b>\$3,200</b> |
| <input type="checkbox"/> Guardian Level . . . . .  | <b>\$250</b>  | <input type="checkbox"/> Silver Level . . . . .   | <b>\$2,500</b> |
|  |               | <input type="checkbox"/> Bronze Level . . . . .   | <b>\$1,500</b> |

## Company Information

Company: \_\_\_\_\_ Tel: \_\_\_\_\_

Please List Our Name as: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_ City/ST/ZIP: \_\_\_\_\_

Email Address: \_\_\_\_\_

## Sponsorship Payment Information

➔ **By Check:** *Make checks payable to NH Grocers Association* Check # \_\_\_\_\_ Check Amt: \_\_\_\_\_

➔ **By Credit Card:**  Visa  Mastercard  Discover  American Express

Card #: \_\_\_\_\_ (CVV) \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Billing Address: \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Authorized Card User Signature: \_\_\_\_\_

**MAIL** your completed registration form to:

**FAX** your completed registration form to: **603-623-1137**

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110 Stark Street  
Manchester, NH 03101

**EMAIL** your completed registration form to: [freeman@grocers.org](mailto:freeman@grocers.org)