

# SPONSORSHIP & EXHIBITOR OPPORTUNITIES



Mark your calendars now!

The Agricultural Safety and Health Council of America is pleased to announce the 2020 North American Agricultural Safety Summit is scheduled for March 19–20, 2020 at Bally’s by Hilton in Las Vegas, Nevada.

## Sponsorship Opportunities:

	Price	Registration Included	Exhibitor Space	Logos on Website & Marketing Materials	Welcome Remarks or Introduce Summit Speakers	Award Luncheon Acknowledgement
Platinum	\$5,000.00	2	1	First	✓	✓
Gold	\$2,500.00	1	1	Second		✓
Silver	\$1,000.00	0	0	Third		
Bronze	\$500.00	0	0	Fourth		

## Exhibitor Options\*:

	Price	Registration Included	Includes
Member	\$ 800.00	1	1 table/2 chairs
Non-Member	\$1,200.00	1	1 table/2 chairs

*\*Non-profit Exhibitor rate available upon proof of non-profit status. For rates and additional details, please contact us at [info@ashca.org](mailto:info@ashca.org).*

**All sponsors and exhibitors will be acknowledged in marketing materials and slideshow welcome. Name tags will depict level of sponsorship.**

If you’re interested in sponsoring or exhibiting, please contact us for full details.  
Julie Koochagian: [julie@ashca.org](mailto:julie@ashca.org).

# Sponsorship Form



## Sponsorship Opportunities:

- Platinum Sponsor \$5,000       Gold Sponsor \$2,500       Silver Sponsor \$1,000       Bronze Sponsor \$500

## Exhibitor Options:

- ASHCA Member \$800       Non-Member \$1,200

## Sponsor/Exhibitor Information:

Company Name \_\_\_\_\_

Address \_\_\_\_\_

City / State / Zip \_\_\_\_\_

Contact Name \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

## Method of Payment:

*Note: full payment must accompany order to reserve space.*

If paying by check, make check payable to ASHCA (Agricultural Safety and Health Council of America). Please fill out form and email to [info@ashca.org](mailto:info@ashca.org), or mail to ASHCA, P.O. Box 2506, Leesburg, VA 20177.

If paying by credit card, all fields below are required.

- Check enclosed       Please email an invoice       Credit card

Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ 3-digit Security Code (required) \_\_\_\_\_

Cardholder Name (print) \_\_\_\_\_ Cardholder Phone \_\_\_\_\_

Billing Address (if different than above) \_\_\_\_\_

City / State / Zip \_\_\_\_\_

Cardholder Signature \_\_\_\_\_