



Dinner Program Sponsor Guidelines

Effective March 2007

CMAA Southern California Chapter offers dinner programs to allow owners to highlight their upcoming capital improvement program and the resulting contracting and professional services opportunities. Dinner Program Sponsors assist in the development of the program, coordination of speakers and marketing of the event. Sponsorship of these events is available to Corporate Members of CMAA.

Benefits:

- (2) Tickets to the dinner, seating at head table with speaker
- Opportunity to have a “reserved table” at the event
 - *Tables seat 8 people*
 - *All additional tickets may be purchased at the Member Rate*
 - *Speaker may be seated at this table (no charge for speaker’s ticket)*
- Company name/logo printed on flier
- Company name designated on the CMAA event schedule as Sponsor
- Company is recognized as Sponsor at the dinner
- Company representative can introduce speaker(s) at dinner
- Company may have a table top display at event and has permission to distribute corporate materials/give-aways at event

Requirements:

- Corporate Member of CMAA
- Assist in identifying and confirming speaker for presentation as needed
- Assist in speaker coordination as needed
- Assist in marketing event (i.e. mail fliers to contact list)

Procedure:

- Event sponsorship is available to qualifying firms on a first-come, first-served basis.
- Interested firms should notify Kelly Asper at sccmaa@cmaasc.org or call 562-434-8409 to nominate a potential owner speaker and/or coordinate event date.
- Program and speaker must be confirmed at least 60 days prior to expected presentation date.
- A firm may sponsor one event every 6 months (not including Owners’ Night)

Fee:

- \$500 per dinner program



Dinner Program Sponsor Registration

Thank you for confirming your sponsorship of an upcoming dinner. We look forward to your support and involvement in the Chapter's program.

To confirm your sponsorship, please complete the attached and return with Sponsor Fee to the Chapter Office.

EVENT: _____
COMPANY: _____
CONTACT: _____
TEL: _____
E-MAIL: _____

Payment of \$500.00 is enclosed *or charge to my* Visa M/C AMEX

Credit Card Number: _____

Name on credit card: _____ Expiration Date: _____

Signature: _____

Remit to:

CMAA S CA Chapter
PO Box 41202
Long Beach, CA 90853
FAX 562-296-9708

Questions:

562-434-8409
sccmaa@cmaasc.org