

CIRB

Crop Insurance and Reinsurance Bureau, Inc.



CIRB ANNUAL MEETING SPONSORSHIP LEVELS

PLATINUM SPONSOR- \$15,000 and above

- One complimentary registration (including spouse/guest)
- Table space for your company's literature in the registration area
- Sponsor recognition in the program book
- Meeting tote insert (brochure, flyer, etc.)
- CIRB website recognition (including company logo and website link)
- Signage recognizing the sponsor at the annual meeting and sponsored events
- Company logo displayed on event emails (if known at time of sending)

GOLD SPONSOR- \$10,000 +

- Sponsor recognition in the program book
- Meeting tote insert (brochure, flyer, etc.)
- CIRB website recognition (including company logo & website link)
- Signage recognizing the sponsor at the annual meeting and sponsored events
- Company logo displayed on event emails (if known at time of sending)

SILVER SPONSOR- \$5,000 +

- Sponsor recognition in the program book
- CIRB website recognition (including company logo)
- Signage recognizing the sponsor at the annual meeting and sponsored events
- Meeting tote insert (brochure, flyer, etc.)

BRONZE SPONSOR- \$3,000 +

- Sponsor recognition in the program book
- Signage recognizing the sponsor at the annual meeting and sponsored event

SPONSORSHIP

OPPORTUNITIES

Platinum

Opening Reception
Closing Reception
Combo (Choose 1 Gold + 1 Silver)

Gold

Golf Tournament
Thursday Reception
Combo (Choose 2 Silver)

Silver

Welcome Gift
Thursday Breakfast
Friday Breakfast
Spouse/Guest Event
Communications Sponsor
Speaker Sponsor
(5 available)

Bronze

Registration
Printing
Meeting Room- Thursday
Coffee Break- Thursday
Meeting Room- Friday
Coffee Break- Friday

We would be happy to be a CIRB Annual Meeting Sponsor!

Sponsorship Level (please choose one):

☐ Platinum Sponsor - \$15,000+

☐ Gold Sponsor - \$10,000+

☐ Silver Sponsor - \$5,000+

☐ Bronze Sponsor - \$3,000+

Sponsorship Opportunity Preference (please pick top 3):

We will try our best to accommodate your sponsorship preference.

Contact Name: _____

Company Name: _____

Address: _____

Phone/Fax: _____

E-mail: _____

☐ Check enclosed (please make checks payable to: Crop Insurance and Reinsurance Bureau or CIRB)

☐ Bill me later/Invoice Direct Amount to:

Contact Name: _____

Company Name: _____

Address: _____

Please send this form to:

sbutler@torreydc.com • Fax: (202) 330-5255

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