

Contact Information

First Name:

Last Name:

Job Title:

Company or Organization:

Street Address:

City:

State:

Zip or Postal Code:

Country:

Phone:

Fax:

Email:

Organization Website:

Opportunity Overview

Years in Existence:

Company Description:

Is company a 501(c)(3) organization?

Yes No

Choose the category that best describes your opportunity:

How often does this opportunity take place?

Location of Opportunity/Event:

Date(s) of Opportunity/Event:

Total Estimated On-Site Attendance:

Describe Audience Demographics:

Audience Education Level:

Audience Ownership of Insurance and Financial Services Products:

Sponsorship Packages

Opportunity Name for

Package A:

**Description of the proposed
opportunity:**

On-Site Brand Benefits:

Off-Site Brand Benefits:

Business Benefits:

Annual Fees:

Please list current sponsors:

**Please describe why the
above opportunity should be
considered:**

**Deadline to Commit to
Opportunity:**

**Opportunity Name for
Package B:**

**Description of the proposed
opportunity:**

On-Site Brand Benefits:

Off-Site Brand Benefits:

Business Benefits:

Annual Fees:

Current sponsors:

**Please describe why the
above opportunity should be
considered:**

**Deadline to Commit to
Opportunity:**
