



**Sponsorship Opportunities
2019 Innovation Contest
SPONSORSHIP COMMITMENT FORM**

Sponsoring Company Information

Company Name:
Website Address:

Sponsor Contact Information

Name:
Title:
Phone:
Email:
Address:

Contact Information:
Carol Vargas
ASCE
1801 Alexander Bell Dr., 3rd Floor
Reston, VA 20191
Tel: (703) 295-6046
E-mail: cvargas@asce.org
Fax: (877) 304-1334

We are committed to the following sponsorship opportunity 2019 Innovation Contest Celebration event:

Event Information

Sponsorship Opportunity Level (select 1): Platinum (\$7,000) Gold (\$4500) Silver (\$2,500)
Confirm total sponsorship amount: _____ (Insert dollar amount)

We agree to the following sponsorship terms and will complete our financial obligation according to the following schedule;

- 50% payment attached \$ _____, 50% balance will be invoiced on April 15, 2019
- 50% payment to be invoiced now \$ _____, 50% balance will be invoiced on March 1, 2019
- Full payment due upon Receipt of Invoice

Payment Information

Payment by Check

Make Check Payable to: **ASCE**
Mail Check to:
ASCE INN18
P.O. Box 79668,
Baltimore, MD 21279-0668

Payment by Credit Card

Credit Card Type: _____
Credit Card Exp Date: _____
Credit Card#: _____
Card Holder Name: _____
Card holder Zip Code: _____
or contact Carol Vargas 703-295-6046

Name and Signature of individual with the authority to make this financial commitment on behalf of the company: (*Please Print*)

Name (Mr. / Mrs. / Ms.): _____
Title: _____
Phone: _____ Fax: _____ Email: _____
Signature: _____

ASCE is a 501(c)(3) tax-exempt non-profit organization, your gift is tax-deductible to the fullest extent of the law. For tax purposes, if you should wish to designate your gift as a charitable contribution, please refer to the value of each event for the amount of the gift, which is tax deductible. As a business expense, this amount may be treated as an ordinary and necessary expense