CAROLINAS ROOFING EXPO & ANNUAL MEETING
VENDOR EXHIBITOR FORMS

SPONSORSHIP OPPORTUNITIES

CRSMCA would like to ***thank you*** for your consideration in becoming a sponsor. All sponsorships are applied to the ***advancement of education*** to the CRSMCA membership and receive recognition as well as noted benefits in each purchase.

☐ **$8,000 ELITE EVENT SPONSOR** ***valued at $9,000***

(2) TWO complimentary booths and qualification of ***GROUP OF (4) INDIVIDUALS***; company logo on conference shirt; company logo on all registration material; complimentary full-page ad in the *Carolinas Contacts* Magazine

☐ **$5,000 PROFESSIONAL EVENT SPONSOR** ***valued at $6,000***

(2) TWO complimentary booths; company logo on conference shirt; complimentary ½ page ad in the *Carolinas Contacts* Magazine

☐ **$3,000 DIAMOND - LUNCH EVENT SPONSOR** ***valued at $3,500***

(1) ONE complimentary booth; company logo on "Free Lunch" ticket; complimentary ½ page ad in the *Carolinas Contacts* Magazine

~~**$2,000 GOLD – BADGE SPONSOR** ***valued at $3,000***~~

~~**$2,000 GOLD – LANYARD SPONSOR** ***valued at $3,000***~~

(1) ONE complimentary qualification of *GROUP OF (4) INDIVIDUALS*; company logo on conference badges; complimentary ½ page ad in the *Carolinas Contacts* Magazine

☐ **$1,500 SILVER SPONSOR** ***valued at $2,300***

TWO complimentary Individual registrations; Company logo on conference drinkware; complimentary business card ad in the *Carolinas Contacts* Magazine

☐ **$ 800 BRONZE - VENDOR EXHIBITOR GOODWILL SPONSOR** ***valued at $1,000***

ONE complimentary Individual registration; Complimentary business card ad in the *Carolinas Contacts* Magazine

**All sponsors will receive an advertisement in the conference program; signage at the Carolinas Roofing Expo & Annual Meeting; listing in the Carolinas Contacts Magazine and on the CRSMCA website*

SPONSORING COMPANY DETAILS:

Company Name _____ Contact Name _____

Email [needed for transaction receipt & registration confirmation] _____ Phone Number _____

PAYMENT DETAILS:

□ check enclosed □ credit card **payments will incur 4% convenience fee*

credit card no. _____ exp date _____ cvv code _____ billing zip code _____

Please return the form with payment information to CRSMCA prior to MAY 1, 2025!

USPS mail to: PO Box 7643, Charlotte, NC 28241-7643

Email to: cbsims@crsmca.org

Questions or concerns: 704.556.1228 or cbsims@crsmca.org