



# 2019 Winning Fields Seminar

October 1, 2019 | Doubleday Field, Cooperstown, NY

## \$1,500 Premier

- Company logo on all email announcements*
- Verbal recognition on-site*
- Company logo on on-site signage*
- Complimentary registration for three (3) company representatives with display*
- Three (3) minute presentation of new products or services on-site*
- Complimentary NYSTA Group Membership (up to three people) for 2020.*

## \$1,000 Conference

- Company logo on all email announcements*
- Verbal recognition on-site*
- Company logo on on-site signage*
- Complimentary registration for two (2) company representatives with display*
- Complimentary NYSTA Individual Membership for 2020.*

## \$750 Speaker

- Company logo on all email announcements*
- Verbal recognition on-site*
- Company logo on on-site signage*
- Complimentary registration for one (1) company representative with display*
- Complimentary NYSTA Individual Membership for 2020.*

## \$500 Lunch

- Company logo on all email announcements*
- Verbal recognition during lunch*
- Company logo on on-site signage at lunch*

## \$300 AM Break

- Company logo on all email announcements*
- Verbal recognition during the morning break*
- Company logo on sign displayed during the morning break*

- Yes, I am interested in supporting the 2019 Winning Fields Seminar at the following sponsorship level:
- Premier Sponsorship - \$1,500     Conference Sponsorship - \$1,000
  - Speaker Sponsorship - \$750     Lunch Sponsorship - \$500     AM Break Sponsorship - \$300

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Return this sponsorship form to Jill Cyr at: New York State Turfgrass Association, PO Box 612, Latham, NY 12110; Phone: (518) 783-1229; Fax: (518) 783-1258 and Email: [jill@nysta.org](mailto:jill@nysta.org).

**Deadline for sign printing is September 23, 2019.**

Please make checks payable to NYSTA or provide the following:

- VISA     MasterCard     AMEX

Signature: \_\_\_\_\_

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ CIN #: \_\_\_\_\_

Billing Address: \_\_\_\_\_