



## Sponsorship Contract

### SPONSOR INFORMATION:

\_\_\_\_\_  
*Exhibitor/Sponsor Corporate Name*

\_\_\_\_\_  
*Mailing Address*

\_\_\_\_\_  
*City*

\_\_\_\_\_ *State* \_\_\_\_\_ *Zip Code*

\_\_\_\_\_  
*Contact Signature*

\_\_\_\_\_  
*Contact Printed Name*

\_\_\_\_\_  
*Contact Title*

\_\_\_\_\_  
*Contact E-mail*

\_\_\_\_\_ *Contact Phone & Extension* \_\_\_\_\_ *Date*

#### Select Sponsorship Level:

- Empowerment Sponsor \$7,500
- Freedom Sponsor \$5,000
- Hope Sponsor \$2,500
- Courage Sponsor \$1,000
- Support Sponsor \$500
- Advocate Sponsor \$250

### PAYMENT INFORMATION/DUE DATE:

**Deadline for payment and sponsorship commitments is April 10, 2023.**

**Make checks payable to SARSSM and mail to SARSSM, P.O. Box 1371, Portland, ME 04104.**