DRMA / Dayton Convention Center

22 E. Fifth St. Dayton, OH 45402

P: (937) 949-4000 • F: (937) 949-4007

Events@DaytonRMA.org www.DaytonRMA.org



**SPONSORSHIP ORDER FORM**

**Business & Bourbon Event**

**October 10, 2024 / Moraine Country Club**

Get your name in front of 100 top-level executives from DRMA member companies at this inaugural networking and bourbon tasting event. Contact the DRMA office at (937) 949-4000 or Events@DaytonRMA.org.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Package Sponsorships** | **Presenting Sponsor**$5,000(1 available) | **After-Party Sponsor**$3,000(1 available) | **VIP****Sponsor**$3,000(1 available) | **Platinum Sponsor**$1,500(unlimited) | **Gold Sponsor**$500(unlimited) |
| Name appears as “presented by” on all event promotion  | YesSOLD | SOLD |  |  |  |
| Recognition on DRMA website event page and PowerPoint presentation | Logo | Logo | Logo | Logo | Name |
| Newsletter article (written by you) | 2 | 1 | 1 |  |  |
| Display table at event | Yes | Yes | Yes |  |  |
| Signage at event | Logo | Logo | Logo | Logo | Name |
| Recognition during program | Opening remarks(1 minute) | After party opening remarks & name mentioned during program | VIP tasting opening remarks & name mentioned during program | Name |  |
| Attendee list (name, company name) | Yes |  |  |  |  |
| Complimentary tickets for sponsor’s guests or employees | 6\* (1 table)*includes VIP tasting* | 6\* (1 table)*includes VIP tasting* | 6\* (1 table)*includes VIP tasting* | 4\**includes VIP tasting* | 2\**includes VIP tasting* |
| Sponsor ribbonson all sponsor employees’ name badges | Yes | Yes | Yes | Yes | Yes |
| Sponsorship selected: |[ ] [ ] [ ] [ ] [ ]

\* Ticket prices: $200 general admission or $250 including VIP tasting

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| --- | --- | --- | --- |
| Company:  |       | Phone:  |       |
|  |  |  |  |
| Contact Name:  |       | Email:  |       |
|  |  |  |  |
| Date Submitted:  |       | Total $:  |       |

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| --- | --- |
| Check (make payable to DRMA) | Credit card (all major cards accepted) |
|  |
| **Card #:** |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| **Exp. Date:** |       | **CVV Code:** |       | **Billing Zip Code:** |       |
|  |   |

**Email/fax this form with payment\* to the DRMA office in order to secure your spot.**

\*If you prefer, you may call the office at 937-949-4000 to place your payment with DRMA staff **after** you’ve emailed/faxed your form.

*Net proceeds from the outing will be contributed to the DRMA Foundation, a 501(c)3 organization. Consult your*

*professional income tax advisor to determine the amount which may be deductible as a business expense or a charitable contribution.*