

# 2018 SAFETY & HEALTH CONFERENCE

December 9-12, 2018

## SPONSORSHIP APPLICATION / AGREEMENT

B Resort & Spa  
1905 Hotel Plaza Blvd  
Lake Buena Vista, FL 32830

### BREAK SPONSORSHIPS – Maximum of 5

- |  |         |
|--|---------|
| <input type="checkbox"/> One Conference Break    | \$750   |
| <input type="checkbox"/> Two Conference Breaks   | \$1,500 |
| <input type="checkbox"/> Three Conference Breaks | \$2,250 |
| <input type="checkbox"/> Four Conference Breaks  | \$3,000 |
| <input type="checkbox"/> Five Conference Breaks  | \$3,750 |

### MINI-EXPO LUNCHEON

- |                                  |          |
|----------------------------------|----------|
| <input type="checkbox"/> In Full | \$15,000 |
| <input type="checkbox"/> In Part | \$       |

### SPEAKER SPONSORSHIPS – Maximum of 9

- |  |         |
|--|---------|
| <input type="checkbox"/> Keynote Speaker – Opening | \$5,000 |
| <input type="checkbox"/> Keynote Speaker – Closing | \$5,000 |
| <input type="checkbox"/> One Speaker               | \$800   |
| <input type="checkbox"/> Two Speakers              | \$1,600 |
| <input type="checkbox"/> Three Speakers            | \$2,400 |
| <input type="checkbox"/> Four Speakers             | \$3,200 |
| <input type="checkbox"/> Five Speakers             | \$4,000 |
| <input type="checkbox"/> Six Speakers              | \$4,800 |
| <input type="checkbox"/> Seven Speakers            | \$5,600 |

### GENERAL SPONSORSHIPS - \$800 and up

- |  |    |
|--|----|
| <input type="checkbox"/> General Sponsorship | \$ |
|--|----|

**NOTE: Sponsorships of \$800+ MUST confirm the 6' table prior to November 30<sup>th</sup>.**

### SPONSOR INFORMATION

CONTACT NAME:

COMPANY NAME:

ADDRESS:

CITY, STATE ZIP:

PHONE:

EMAIL:

### PAYMENT INFORMATION

**NO REFUNDS FOR CANCELLATIONS**

**AMOUNT DUE: \$**

- ☐ **PAYMENT IN FULL ENCLOSED.**  
Mail to: Florida Fire Chiefs' Association  
221 Pinewood Drive  
Tallahassee, FL 32303-4837

- ☐ **BILL ME.** You will be billed upon receipt of your sponsorship commitment.

CARD NUMBER:

EXPIRATION DATE:

CVV:

NAME ON CARD:

BILLING

STREET ADDRESS:

BILLING ZIP CODE:

DATE:

SIGNATURE:

By signing, I agree to pay the total amount according to card issuer agreement.