

NCAI Golf Tournament Fundraiser
EMBASSY OF TRIBAL NATIONS
Sponsorship Confirmation Form

Leadership - Title Sponsorship \$25,000

- Your name/logo will appear as the title corporate sponsor for the charity golf tournament and all marketing materials will highlight your organization in the title
- Clubhouse Banner Recognition
- One booth space in a prime location on the Exhibition Hall floor for your product demonstration or direct sale of your product and/or service
- Your product or information will be included in the NCAI conference tote bag
- Half page advertisement for your product and/or service in conference agenda
- 2 invitations to Executive Reception
- 4 tickets to the NCAI conference gala banquet
- 4 player tournament spot
- Name on all 73 cart signs
- Company logo on golf balls
- 4 lunch tickets to golf tournament buffet lunch

Sunday, October 19, 2008 Chandler, AZ Whirlwind Golf Course <i>[Owned & Operated by the Gila River Indian Community]</i> 7 AM Check-In 8 AM Shotgun 4 person scramble
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Eagle Sponsorship \$10,000

- 4 player tournament spots
- 2 invitations to Executive Reception
- Recognition on NCAI golf tournament website
- Shared by-line on clubhouse banner
- Shared by-line on all cart signs
- \$80 gift certificate to the Pro-Shop OR
- 4 lunch tickets for after the tournament

Birdie Sponsorship \$5,000

- 4 player tournament spots
- Shared by-line on clubhouse banner
- Shared by-line on all cart signs
- \$80 gift certificate to the Pro-Shop OR
- 4 lunch tickets for after the tournament

Hole Sponsorship \$1,000

- 24 x 30 inch sign on sponsored hole
- 2 player tournament spots
- \$40 gift certificate to the Pro-Shop OR
- 2 Lunch tickets for after the tournament

Promotional Sponsorship

Gifts and Prizes. Please call for more information

Sponsorship: \$ _____ Package Type: _____

Name: _____

Title: _____

Tribe/Corporation: _____

Address: _____

City: _____ State: _____

Telephone: _____ Fax: _____

E-Mail Address: _____

Website Address: _____

Method of Payment

Enclosed is a check payable to the National Congress of American Indians

Please mail to: **NCAI, 1301 Connecticut Avenue, NW, Suite 200, Washington, DC 20036**

Fax to NCAI [202] 466-7797 for credit card payment

Visa Master Card V-Code: _____

Number: _____

Cardholder Name: _____

Signature: _____

For NCAI Staff Use Only

Payment Received: \$ _____

Check # _____

Received By: _____

Date: _____