

2015 Florida Artificial Reef Summit Sponsorship Commitment Form

Please select your sponsorship level from the options below or [CLICK HERE](#) to submit it online:

- PLATINUM SPONSOR:** Contributions of \$2,000 receive display space, 2 complimentary registrations and top recognition on Summit program and website.

Names of Complimentary Registration Recipients:

1. _____ Email: _____

2. _____ Email: _____

- GOLD SPONSOR:** A \$1,000 contribution includes display space, 1 complimentary registration, and recognition on Summit program and website.

Name of Complimentary Registration Recipient:

1. _____ Email: _____

- SILVER SPONSOR:** Contributions of \$500 include the choice of display space or 1 complimentary registration and recognition on Summit program and website.

Select one:

Display space

Complimentary Registration:

Name: _____ Email: _____

- BRONZE SPONSOR:** Sponsorships of \$250 will receive recognition on Summit program and website.

- OTHER:** I would like to make a **General Financial Contribution: \$**_____. All contributions are greatly appreciated and all contributors will be recognized on the 2015 AR Summit website and program book.

THANK YOU for your valuable support of the 2015 Florida AR Summit! We are delighted you will be joining us as a partner in this endeavor and we look forward to working with you.

PLEASE PRINT

Project# 2015-07

Official Name of Organization: _____

Primary Representative: _____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Organization's Web Site Address: _____

Payment Options: Check or Credit Card

If Paying by Check: Make checks payable to "UFLEF" (UF Leadership & Education Foundation). FED ID: 59-3104978

MAIL TO: 2015 FL AR Summit, UF Leadership & Education Foundation / PO Box 110750, Gainesville, FL 32611-0750

Check here if you need an INVOICE to request payment from your organization and we will send you one.

If Paying by Credit Card: FAX this completed form to UFLEF at **(352) 392-9734**. [PHONE: 352-392-5930]

Charge my: VISA Master Card American Express Discover

Credit Card #: _____ **Expiration:** _____ **Amount:** \$ _____

Payment is required to secure confirmation. We will contact you upon receipt of this form. Thanks!