



## 2022 CORPORATE SPONSORSHIP FORM

**ANNUAL CORPORATE SPONSORSHIP    \$2,500 (INCLUDES ALL BENEFITS BELOW)**

GASSA Communications	est.value	
Recognition on GASSA Communications	\$750	X
Regular GASSA Eblasts (2+ per month)		
Website Sponsor Page		
Directory Recognition Page		
Vendor Resource Directory Listing	\$400	X
Half Page Color Ad in Membership Directory	\$450	
Banner Ad on GASSA Website for full year	\$500	X
Ad and Article content in 2 issues of the Bi-Monthly Newsletter	\$200	X
Highlighted Social Media Post boosted to GASSA followers on FB, Twitter and LinkedIn	\$250	X
GASSA Events		
Opportunity to Host/Provide speaker for <b>GASSA 30 Mins to Self Storage Success: Series Webinar</b>	\$750	X
Logo recognition at <b>all</b> hosted meetings	\$1,000	X
Shared Speaking Commercial Sponsorship for one luncheon	\$500	X
Est. Actual Value of Sponsorship		\$4,800

**A LA CARTE SPONSORSHIPS ALSO AVAILABLE (CIRCLE ALL THAT APPLY):**

Vendor Resource Directory Listing	\$400
Ad in ONE GASSA Newsletter	\$100
Ad in ALL GASSA Newsletters (6)	\$525
Ad in Online Member Directory	
Full Page Color	\$695
Full Page B&W	\$450
Half Page Color	\$450
Half Page B&W	\$295

**TOTAL AMOUNT DUE: \$ \_\_\_\_\_**

*\*\*Meeting speakers/sponsors are subject to availability and will be assigned based on sponsorship level.  
 \*\*Conference Sponsorship Opportunities are not included in these packages and will be released later.*

## COMPANY INFORMATION

Company Name: \_\_\_\_\_

Primary Marketing Contact Name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

***Submit the corresponding artwork and logos to Brittney Roberts at broberts@asginfo.net.***

- Half page color ad (member directory) 4.5" wide and 3.75" tall
- Banner ad (GASSA.org) 8" wide and 1" tall
- Business card size ad (newsletter) 3.5" wide and 2" tall
- High-Res Logo for printing and online promotion

## PAYMENT INFORMATION

**Check:** Make checks payable to 'GASSA' & mail with the application to P.O. Box 1128, LaGrange, GA 30241

**Credit Card:** AMEX MC VISA DISCOVER Card #: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ CCV: \_\_\_\_\_

Billing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

*Thank You for Your Support!*