



Benefiting East Texas Alzheimer's Alliance

Saturday, Sept 13 | 10am to 5pm | Maude Cobb Convention Center
Sponsorship Agreement*

All Sponsorships Come with Premium Sponsor Parking

Cabernet Sponsor | \$10,000

Top Level Recognition: 30 Event Wine Glasses | Name/Logo Prominently Displayed on Event Page, Promotional Materials, Website, Social Media | Recognition in Newsprint Articles Pre- and Post-Event | Signage at Event with Company Logo
Proud Sponsor Signage at Place of Business | Option to Have Event Vendor Booth | Company Banner Displayed at Event
Exclusive Slide in the Sponsor Slideshow | Full Page Ad in Event Program | VIP Parking | VIP Seating in Beer Garden
Exclusive Event Naming Rights (Only 1 available)

Merlot Sponsor | \$5,000

24 Event Wine Glasses | Business Listing Displayed on Event Page | Recognition in All Event Correspondence
1/2-Page Slide in Sponsor Slideshow | 1/2-Page Ad in Event Program | Display Your Own Banner at Event
Proud Sponsor Signage | Option to Have Event Vendor Booth | VIP Parking | VIP Seating in Beer Garden
Exclusive Beer Garden Naming Rights (Only 1 available); Band Sponsor

Pinot Noir Sponsor | \$2,500

12 Event Wine Glasses | Business Listing Displayed on Event Page | Mention in All Event Correspondence
1/4-Page Slide in Sponsor Slideshow | 1/4-Page Ad in Event Program | Display Your Own Banner at Event
Proud Sponsor Signage | Option to Have Event Vendor Booth | VIP Parking | VIP Seating in Beer Garden

Chardonnay Sponsor | \$1,000

8 Event Wine Glasses
Recognition on Website and Social Media
Display Your Own Banner at Event
Proud Sponsor Signage at Place of Business
Business Listing on Event Page & Event Slideshow
VIP Parking

Blush Sponsor | \$500

4 Event Wine Glasses
Recognition on Website and Social Media
Display Your Own Banner at Event
Proud Sponsor Signage at Place of Business
VIP Parking

*subject to change

Sponsor Name to Be Displayed: _____ Contact Name: _____

Mailing Address: _____ Email Address: _____

Phone Number: _____ Check for \$_____ Enclosed

Please invoice me during the month of _____ I do not wish to be acknowledged _____

Credit Card Payment:

Name on Card: _____ Card #: _____

Expiration: ____/____ Security Code: _____ Zip Code: _____

Please make check payable and return to:



East Texas Alzheimer's Alliance
PO Box 4223
Longview, Texas 75606
903.230.8001 office phone/fax
longviewwinefest@etxalz.org