



arts schools network

CONFERENCE

Hosted by:

Columbia
COLLEGE CHICAGO

2021 SPONSORSHIP AGREEMENT



SPONSORSHIP INFORMATION

Sponsor's name as it should appear in publicly and program: _____

Organization (if applicable): _____

Contact person: _____

Address: _____

City/State/Zip: _____

Phone: _____ Ext: _____ Email: _____

Website (URL): _____

PLEASE CHOOSE YOUR SPONSORSHIP LEVEL

- ☐ \$10,000 Presenting Sponsor
- ☐ \$7,500 Producer
- ☐ \$5,000 Director
- ☐ \$2,500 Artist
- ☐ \$1,500 Patron
- ☐ Other Amount _____

PAYMENT INFORMATION

- ☐ Check enclosed (Please make checks payable to Arts Schools Network)
- ☐ Please invoice me
- ☐ Credit/Debit card: ☐ Visa ☐ MasterCard

Account number: _____ Expiration: _____

Card security code # _____ Signature: _____

Billing address _____ City/State/Zip: _____

Please submit completed sponsorship agreement by **September 10, 2021** to **mbrookes@artsschoolsnetwork.org**, or mail to:

Arts Schools Network
ATTN: Melissa Brookes
PO Box 62755, North Charleston, SC 29419

For more information regarding sponsorship opportunities, please contact:

Melissa Brookes, Managing Director, Arts Schools Network
mbrookes@artsschoolsnetwork.org | 773.315.1118

SPECIAL NOTE: We will recognize your sponsorship commitment in our promotional materials upon return of this agreement, and a member of our staff will reach out to obtain recognition materials.

THANK YOU FOR YOUR GENEROUS SUPPORT!

Arts Schools Network Tax ID Number 52-1382258