

NORTH CAROLINA SOCIETY OF ACCOUNTANTS
77th ANNUAL CONVENTION
EMBASSY SUITES by HILTON, GREENSBORO NC
June 18 – June 19, 2024

Name of Advertiser/Sponsor/Exhibitor: _____
Address: _____
City/State/Zip Code: _____
Telephone: _____ Email: _____

This contract by and between North Carolina Society of Accountants and
_____ shall be for the recognition on flyers and website for 1 year for the 77th NCSA Annual Convention.

The advertiser agrees to the following:

1. Logo shall be received in **camera-ready** form for printing.
Any ad received which is not in this format will be returned for re-submission.
2. All sponsorships will be paid in full prior to printing.
3. All sponsorships logos must be received at the below address, in proper form and with payment prior to **May 27, 2024**. If advertising is received after this date, it will be returned to the sponsor and will **NOT be included in the flyer for this convention**.

Exhibitor Rates:

___ \$275 Exhibit Table during PAS and Business Session, Recognition on Flyer and website.

Sponsor Rates:

- ___ \$ 50 Individual Sponsor-Friend
- ___ \$100 Chapter or Individual Sponsor -Champion
- ___ \$150 Chapter Sponsor
- ___ \$250 Silver Sponsor (Recognition on Flyer and Website)
- ___ \$500 Gold Sponsor (Exhibit Space, Past Presidents Luncheon*, Recognition on Flyer and Website)
- ___ \$1,000 Platinum Sponsor (Exhibit Space, Past Presidents Luncheon*, Recognition on Flyer and Website, Presidents Welcome Reception Sponsor*, One Banquet Ticket, 30 Minute Presentation Time)

* Includes one ticket for meal.

The undersigned, being in agreement with the terms and conditions of this contract, shall conform to all terms and conditions as set forth above.

Advertiser/Sponsor/Exhibitor

Date

Please mail or email this signed contract with **camera-ready** advertising and remittance to:

North Carolina Society of Accountants, P. O. Box 1126, Conover, NC 28613
Candace@ncsa1947.org - Phone: (828) 695-2520

ALL INFORMATION MUST BE RECEIVED PRIOR TO MAY 27TH, 2024

METHOD OF PAYMENT:

Check # _____ (Make payable to NCSA) Mail to: P O Box 1126, Conover, NC 28613 Credit Card: V/MC/AMEX/DISC

Name on Card: _____ Card Number _____

Exp Date _____ Security Code: _____ (four digit for AMEX) Billing Zip code for Card _____

** Convention Registration and Hotel Accommodations on your own.