

SPONSOR AGREEMENT

**Washington State Association of Drug Court Professionals
Annual Conference 2024
Wednesday, October 16th and Thursday, October 17th, 2024**

Organization/Company/Agency Name: _____

Contact/Authorized Representative: _____

Title: _____ Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Contact Email address: _____

Company website address: _____

Check the requested sponsor level:

- Platinum Sponsor (Limit 2): \$5,000 and 4 conference registrations for 2 days
- Gold Sponsor (Limit 20): \$2,000 and 2 conference registrations for 2 days
 - Table Location: \$200 Select 3 choices for tables (see hotel map) 1. _____ 2. _____ 3. _____
- Silver Sponsor (Limit 8): \$1,100 and 2 conference registrations for 1 day
Please indicate date (either 10/16/24 or 10/17/24) _____

Total Sponsor Amount: \$_____

Submit the completed/signed agreement and your business logo by August 15, 2024, to:

Jamie.Reed@snoco.org

Payment is due no later than August 25, 2024.

WSADCP prefers payment in the form of a check or money order made payable to WSADCP and mailed to:
WSADCP, P.O. Box 66711, Burien, WA 98166.

The link for registration will be emailed when registration is open.

Questions, please contact Jamie.Reed@snoco.org

Complete and Sign:

Printed Name: _____ Title: _____

Signature: _____ Date: _____

WSADCP is a 501(c)(3) entity Tax ID #91-1944554 UBI #601-921-330