



2010 CSUCI Connection Luncheon

Thursday, February 25, 2010 at Spanish Hills Country Club
"The State of the University"

Primary speaker: Dr. Richard Rush, University President

SPONSORSHIP PROGRAM

Primary Sponsor-

\$2,500 (only 1 available)

- FULL PAGE display ad or message in the *Luncheon Program*
- Eight tickets to the event—Head Tables—with company recognition on all tables at the event.
- Company name and/or logo in *most prominent position* on event promotional flyers and in the event PowerPoint
- Recognition in the *Camarillo Business Journal* on Wednesday Email Update, and on CamarilloChamber.org
- Sponsorship of two CSUCI students for the luncheon.*
- Opportunity to be introduced welcome attendees on behalf of your company for 1 minute
- Mini- expo table in reception area preceding the event.

Event Sponsors

\$1,000

- Half page display ad or message in the Luncheon Program
- Four tickets to the event.
- Recognition in the *Camarillo Business Journal* , on Wednesday Email Update, and on CamarilloChamber.org
- Company name and/or logo on all event flyers (after sponsorship commitment).
- Sponsorship of one CSUCI student for the luncheon.*
- Recognition at the event: Name and logo on event PowerPoint, introduction of company attendees and acknowledgement of sponsorship from podium.
- Mini- expo table in reception area preceding the event.

*** Businesses sponsor students.** Attending businesses may also sponsor CSUCI students who are interested in business. Sponsoring business pays for student and sits with them at the luncheon.

Sponsors show business support for the University

Align your company or organization with the business community's connection to the University. Past CSUCI Luncheons were among the Chamber's best-attended events and received coverage in regional media.



Channel Islands
CALIFORNIA STATE UNIVERSITY

Sponsor Agreement: 2010 CSUCI Connection Luncheon

Company name _____

Contact _____ Phone _____

Email _____ Fax _____

Sponsorship level: Primary \$2,500 Event \$1,000

Payment options: Check enclosed Invoice us for payment prior to event

Credit Card: American Express Visa MasterCard

Card # _____ Exp. Date ___/___/___ Name on Card _____

CV Code _____ Billing Address _____ Zip Code _____

Signature _____

Please return this form by fax to 805-484-1395 or mail to...