



2017 SPONSORSHIP CONTRACT
9TH ANNUAL MBPA TASTE OF MALTA
July 18th, 2017, 5:30 – 7:30pm

I would like to support the 2017 Taste of Malta at the following level:

| | | | |
|--------------|-------------------------|--------------|----------------------|
| \$500 | Media Sponsor (In-Kind) | \$500 | Entrée Sponsor |
| \$400 | Side Dish Sponsor | \$200 | Soup & Salad Sponsor |

By circling the above level, I understand that I will receive **at least** everything that is listed on the sponsorship level sheet I received with this form.

Specs:

*Provide electronic logo for use on website and marketing materials to MaltaBPA@gmail.com

Business: _____ Date: _____

Website: _____

Address: _____

Phone: _____ Email: _____

Contact Name: _____

Authorizing Person: _____

For Media, Entrée, Side Dish Sponsor: _____ I will _____ I won't need a table for materials

DEADLINE TO RECEIVE REGISTRATION, PAYMENT AND LOGO IS June 16, 2017

*Payment can be made by check payable to: Malta Business & Professional Association
MBPA – Taste of Malta, PO Box 2394, Malta, NY 12020*

For questions or more information, please contact Karen McGowan at Karen@CapitalInteriorScapes.com or Pamela Grandin at MaltaBPA@gmail.com.

Thank you for your support of the 2017 MBPA Taste of Malta event!

Malta Business & Professional Association • PO Box 2394 • Malta, NY 12020
www.MaltaBPA.com * 518-288-8009