**

**Sponsorship Application Form**

Duration:

**Sponsorship Program**

$5,000 Sponsorship includes the following benefits:

* Time allotted to address NASS members or show a promotional clip (20-30 minutes)
* Receive an electronic file, upon request, of all active superintendents and their contact information.
* For 2022 collaborate with NASS on conference(s) participation that supports the NASS mission (i.e., ad in conference program, exhibition booth, conference swag, registration, luncheon tickets, session presentation, research, and development)
* NASS will offer business partners the first opportunity for sole sponsorship of smaller NASS events (i.e. Professional Development, breakfast, lunch, dinner for monthly NASS meetings/conferences

Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_

Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State: \_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_

Enclosed is: Check#\_\_\_\_\_\_\_\_\_ or PO#\_\_\_\_\_\_\_\_\_\_\_ in the amount of $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Please return check or PO to:*** Nevada Association of School Superintendents

 P.O. Box 2276

 Carson City, NV 89701

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NASS OFFICE USE ONLY – do not write in this space

Check/PO#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Inv#\_\_\_\_\_\_\_\_\_\_\_\_\_\_Deposit#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Paid\_\_\_\_\_\_\_\_\_\_\_\_