

# 2018 Shared Services Summit Sponsorship Opportunities

Nov. 1, 2018 | Walter E. Washington Convention Center, Washington

Co-sponsored by AGA, ACT-IAC and the Shared Services Leadership Coalition

The Shared Services Summit will bring together 400 individuals from across the federal CXO community (acquisition, financial, HR, IT, performance). This event will focus on shared services and sustaining progress through the new administration.

Select your sponsorship level:

## Platinum (9 opportunities) — \$6,000

- Facilitate a general session or a breakout session
- Four complimentary event registrations
- Tabletop display
- Premier placement of company logo on event website and on-site agenda
- Acknowledgment during the Opening General Session
- Pre- and post-event registration mailing lists in MS Excel format (one-time each)

## Gold (1 opportunity) — \$4,500

- Sponsor of the breaks
- Three complimentary event registrations
- Tabletop display
- Placement of company logo on event website and on-site agenda
- Pre- and post-event registration mailing lists in MS Excel format (one-time each)

## Silver (15 Opportunities) — \$1,500

- Two complimentary event registrations
- Tabletop display
- Placement of company logo on event website and on-site agenda
- Pre- and post-event registration mailing lists in MS Excel format (one-time each)

## Silver Small Business – ten or less employees (5 Opportunities) — \$750

- Two complimentary event registrations
- Tabletop display
- Placement of company logo on event website and on-site agenda
- Pre- and post-event registration mailing lists in MS Excel format (one-time each)

Individual(s) attending the forum (based on sponsorship level):

\_\_\_\_\_  
\_\_\_\_\_

## Billing Information

Name \_\_\_\_\_ Title \_\_\_\_\_  
Company \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP code \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_

## Method of Payment

Check Payable to AGA (Federal Tax ID 53-0217158)    Credit Card:    VISA    American Express    Master Card    Discover  
Credit Card Number \_\_\_\_\_    Expiration Date \_\_\_\_\_  
Name on Credit Card \_\_\_\_\_    Card Holder Phone Number \_\_\_\_\_

Return this form to Monica Cordova at [mcordova@agacgfm.org](mailto:mcordova@agacgfm.org)

