



VIRTUAL MEETING SPONSORSHIP

Company Name: _____

Primary Contact Name: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email Address: _____

General Meeting Sponsor: \$500

Sponsorship package includes up to 1 complimentary meeting registration and company logo posted on the registration page and in the Adobe Connect meeting room lobby. When possible, committee chairs will announce the meeting sponsors at the beginning of the committee meeting(s).

The best way to engage meeting attendees is with a drawing. Sponsors will determine the contest rules and the methodology for determining the contest winner. It is preferred that Sponsors create a contest landing page for participants to register, sending the link to the COPAS office to be included in one of the two emails we will send on your behalf. Should COPAS collect any of the contest entries, those will be forwarded at the conclusion of the contest deadline.

- Our company is interested in sponsoring a prize drawing at the conclusion of the virtual meeting events.
- Our company will decline to sponsor a drawing.

I want to be a sponsor at the:

- Winter Meeting (January)
- Spring Meeting (April)
- Summer Meeting (July)
- Fall Meeting (October)

We will contact you after receiving your sponsorship form. Invoices will be sent immediately following acceptance of your sponsorship. Payments can be made by check or credit card. Mail checks to COPAS, PO Box 21272, Wichita, KS 67208. Contact the COPAS Office (303) 300-1131 to make a credit card payment by phone.

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PO Box 21272 • Wichita, KS 67208 • 303-300-1131 • fax 303-300-3733 • www.copas.org

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Please provide a company logo in a format suitable for scaling (such as .ai or .eps). Due to file size, these files may need to be delivered to COPAS using a method other than email. Contact the COPAS Office for file delivery options.

COPAS Office Use:

Date/time sponsorship received: _____

Date company logo received: _____

Logo proof approved: _____

Amount due: _____

Invoice date: _____

Invoice number: _____

Date payment received: _____

Payment type: _____ check _____ credit card