WASHINGTON INTERNATIONAL TRADE FOUNDATION

TABLE SPONSORSHIP DETAILS FOR THE WITA/WITF ANNUAL AWARDS DINNER

Date: Wednesday July 12, 2017

Time: 5:00 PM Cocktails, 7-9 PM Dinner & Awards Program, 9-11 PM Post Event Reception

Place: Atrium & Ballroom, Ronald Reagan Building and International Trade Center

Honorees: TBA

DIAMOND LEVE	EL SPONSOR		Investment: \$10,000	
 Recognition in the A free ½ page co Opportunity for lo WITA membersh Unlimited free page Recognition at W Recognition in W Participation opportunity 	ogo'd contributions to our legend ip for all employees asses to most WITA events* /ITA events and in WITA materia	m r honorees in the dinner program ary swag bag for Dinner attendees als		
PLATINUM LEVI	EL SPONSOR		INVESTMENT: \$7,500	Γ
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GOLD LEVEL S	PONSOR		INVESTMENT: \$5,000	
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Recognition in the Opportunity to co	eats) at the Annual Awards Dinne e Dinner Program as a Major Co ontribute logo'd collateral to our l nip at WITA for up to 5 employee	ontributor egendary swag bag for Dinner attendees	Investment: \$3,500	
*Free passes not available for use at all WITA events. After free passes are used, event member rate applies.				
If you would need or p	orefer a personalized invoice, just regarding other WITA membersh	st let us know! Questions? Contact WITA a nip packages, including the new Global Lead	at (202) 312-1600 or <u>events@wita.org</u>	
All checks should be WITF is the 501(c)(3) Please note that the faincludes. For a table of To calculate your char	e made payable to the Was organization that supports the e- air market value of each seat at to of eight, \$1150 is the fair market	chington International ducational mission and activities of WITA. With the Dinner is \$100, plus \$350 for the WITA of value (8 dinner plates plus group members act \$1150 from your Investment Amount about \$150 from your Investment Amount	al Trade Foundation WITF's Federal Tax ID Number is 52-190742 Group Membership that each table package hip.)	0.
Organization:		Amount/Level:	_ Check Number	
	Or Charge to: Visa ()	MC () Amex ()		
	Credit Card Number:	Ex	p. Date:	
	Billing Zip:	Point of Contact:		

Email for E-receipt: