



# BRILLIANCE AWARDS

## Sponsorship Opportunities

The Programs Committee is pleased to offer sponsorships for the Brilliance Awards Banquet, to be held on November 17, 2017 at the Embassy Suites in Columbia, SC. There will be several award categories to present. Please review the details for each listed below and sign up for your preference today! Please complete & return to the AAGC Office. Request will be honored based on a first come, first serve basis. Send to - fax 803-252-0589 or PO Box 7515, Columbia, SC 29202

### \$450 Award Sponsorship Includes:

- ◆ Reserved Table (1) at the Banquet for 8 people (2 paid dinner RSVPs included with sponsorship; all others will require a "separate" RSVP and will be billed accordingly)
- ◆ Premium Seating at the awards dinner
- ◆ Company logo prominently displayed on screen during banquet, as well as any other marketing materials that are developed (i.e. flyers, website awards program and online).
- ◆ Company representative to present one of the following awards:
  - The Ruby (Leasing Professional of the Year)
  - The Topaz (Service Professional of the Year)
  - The Emerald (Assistant Property Manager of the Year)
  - The Sapphire (Maintenance Supervisor of the Year)
  - The Diamond (Property Manager of the Year)
  - The Amethyst (Team of the Year; open to all members)
  - Lifetime Achievement Award
  - Team of the Year
  - Beautification Awards
  - Other Member Awards



*\*The Award Sponsorship includes two (2) complimentary dinner RSVPS; all others must RSVP separately for the set fee.*

### Sponsor Registration Information

Company Name: \_\_\_\_\_ Primary Contact: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Award Sponsorship Preference: 1st \_\_\_\_\_ 2nd \_\_\_\_\_

3rd \_\_\_\_\_ 4th \_\_\_\_\_

Award Presenter Name (must attend the banquet): \_\_\_\_\_

#### PAYMENT:

Credit Card information\* (Check One):                      Visa                      MasterCard                      AMEX

Credit Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Billing Address Block # or POB Box # : \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_ CVV Code: \_\_\_\_\_

*\*Please add a \$3.50 convenience fee to your total if paying by credit card.*

Check enclosed: \_\_\_\_\_ Please invoice me : \_\_\_\_\_

Grand Total: \$ \_\_\_\_\_