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**Promotional Partnerships ~ “The Best Night Ever”**

Support NARI members and the remodeling industry at ***“The Best Night EVER”*** which is one of the largest events that NARI hosts. This fantastic evening celebrates the accomplishments of our members throughout 2017, including, the **Contractor of the Year awards, ACE Awards, Community Service awards,** and more. Build your brand with industry professionals who come to see the best of the remodeling industry in Austin. Secure your seat for an evening of award winning food, drink & entertainment featuring 2017 Austin Chronicle Best Cover Band ***SUEDE.***

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**Bar & Band Sponsorships $ 2500 includes 4 tickets**

**Food Sponsorships $ 1500 includes 2 tickets**

**Award Sponsorships $ 500 includes 1 tickets**

 **Other $ 250**

**Logo Placement on signage at the event & presentation**

**Tickets $ 100 Reserved Table for 8 $ 1000**

**Raffle Tickets $ 10 each or 3 for $25**

**Company Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contact Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Number \_\_\_\_\_\_\_\_\_\_\_\_**

**Please fill out cc form and email to** **kayvon@austinnari.org**

**Please email company logo**

**One Time Credit Card Payment Authorization Form**

Sign and complete this form to authorize Austin NARI to make a charge to your credit card listed below.

By signing this form you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

**Please complete the information below:**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ authorize Austin NARI to charge my credit card.

 (full name)

Billing Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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|  Account Type: [ ]  Visa [ ]  MasterCard [ ]  AMEX [ ]  Discover Cardholder Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Account Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Expiration Date \_\_\_\_\_\_\_\_\_\_\_\_ CVS: Number \_\_\_\_\_\_\_\_\_\_\_\_ |

SIGNATURE DATE

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.