



# 2024 Eastern Province Council Sponsorship Agreement



The members of the 64 chapters of the Eastern Province of Kappa Alpha Psi Fraternity, Inc. will convene April 4 - 7, 2024 to review successes of the previous year, recognize and reward excellence in delivering community-based programs, welcome new members, and forecast success for the coming year.

\_\_\_\_\_ (Sponsor) wishes to support the event as:

- \$25,000 Title Sponsor
- \$10,000 Daily Diamond Sponsor (Thurs)
- \$10,000 Daily Diamond Sponsor (Fri)
- \$10,000 Daily Diamond Sponsor (Sat)
- \$5,000 Daily Luncheon Sponsor (Thurs)
- \$5,000 Daily Luncheon Sponsor (Fri)
- \$5,000 Daily Luncheon Sponsor (Sat)

The Eastern Province of Kappa Alpha Psi, Fraternity, Inc. will feature Sponsor in the following way(s):

	Daily Title	Daily Diamond	Daily Luncheon
Logo* on Eastern Province Website and social media	◆	◆	◆
Logo* featured in official meeting app	◆	◆	◆
Logo* featured on conference swag bag	◆	◆	◆
Logo* featured at event registration	◆	◆	◆
Logo* featured on Step & Repeat (photo backdrop)	◆		
Logo* featured on directional/entry/floor signage to Public Meeting	◆		
Logo* on-screen display during Public Meeting	◆		
Back Cover (full page) Ad on Public Meeting Program	◆		
Company representative remarks during Public Meeting	◆		
Branded item included in swag bag ( <b>sponsor provide by April 1, 2024</b> )	◆		
Logo* featured on directional/entry/floor signage to business sessions		◆	
Logo* on-screen display during business sessions		◆	
Logo* featured on directional/entry/floor signage to luncheon			◆
Logo* on-screen display during luncheon			◆

**\*Sponsor will provide brand and logo images by March 20, 2024** and grants Organizer a nonexclusive limited license to use, display, and reproduce Sponsor's logos and trademarks to promote and produce Event. Sponsorship fee must be paid by check made payable to Kappa Alpha Psi Fraternity, Inc by March 22, 2024

**By Eastern Province of Kappa Alpha Psi:**

**By Sponsor:**

**X**

**X**

Printed name \_\_\_\_\_  
 Date signed \_\_\_\_\_  
 P.O. Box 6147  
 Williamsburg, VA 23188  
 410 977 0900  
 StrategicPartnerships@epKAPsi.org

Printed name \_\_\_\_\_  
 Date signed \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
 Phone \_\_\_\_\_  
 email \_\_\_\_\_