



# 2023 NCPA Annual Conference Sponsorship

Portola Hotel and Spa, CA

October 4-6, 2023

**PLEASE INDICATE THE EVENT YOU WOULD LIKE TO SPONSOR (select one (1) event):**

## ANNUAL CONFERENCE

- |  |   |
|--|---|
| <input type="checkbox"/> Wednesday Welcome Reception | <input type="checkbox"/> Thursday Dinner      |
| <input type="checkbox"/> Thursday Breakfast          | <input type="checkbox"/> Dinner Entertainment |
| <input type="checkbox"/> Thursday Lunch              | <input type="checkbox"/> Friday Breakfast     |

☐ Other Give Aways – *List items you want to give away at the Registration Table:*

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## GOLF TOURNAMENT (October 4)

- ☐ Tournament Co-Sponsor
- ☐ Golf Awards
- ☐ Other Give Aways – *List Items you will provide at the Registration Table for each golfer:*
- 

## CONTRIBUTION LEVELS (\*higher levels include complimentary conference registration) – **check one.**

- ☐ **Platinum** \$6,000 – **Three (3) complimentary registrations** and logo recognition on Registration website banner, in the printed program and on signage at conference
- ☐ **Gold** \$4,500 – **Two (2) complimentary registrations** and logo recognition in the printed program and on signage at conference
- ☐ **Silver** \$3,000 – **One (1) complimentary registration** and logo recognition in the printed program and on signage at conference
- ☐ **Bronze** \$2,000 – Logo recognition in the printed program and on signage at conference
- ☐ **Custom** – Logo recognition in the printed program if under \$2,000  
\$ \_\_\_\_\_

**ORGANIZATION:**

\_\_\_\_\_

**CONTACT:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**PAYMENT OPTIONS**

**Mail this form with a check, or provide your credit card information below:**

PAYMENT BY CHECK (*payable to NCPA*)

CREDIT CARD PAYMENT

Name on Card: \_\_\_\_\_

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

City: \_\_\_\_\_

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

Type of Card: ☐ VISA ☐ Master Card ☐ American Express

Credit Card Number: \_\_\_\_\_

Expiration date: \_\_\_\_ / \_\_\_\_ Amount to be charged on card \$ \_\_\_\_\_

**PLEASE FILL OUT AND RETURN NO LATER THAN SEPTEMBER 5th**  
NCPA, 651 Commerce Drive, Roseville, CA 95678, ATTN: Trisha Zimmer OR  
[trisha.zimmer@ncpa.com](mailto:trisha.zimmer@ncpa.com)

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