



Produced by the Arabian Horse Breeders Alliance

- April 11-14, 2019 -

Premium Patron Sponsorship Package

\$25,000

- Premium World Cup Las Vegas sponsor title
- Sponsor name, logo, pictures, products, horses on printed material used in the promotion of the show*
- Presentation of rose garlands for championship classes
- 2 Exclusive Priority Placed VIP TABLES (6-8 people per table)
(Tables are assigned based on date sponsorship form is received.)
- Premium advertising in the official show program (4 - full color pages)*
(Due 30 days prior to event)
- Sponsor farm/business commercial played on big screen during show*
(Camera ready 2 weeks before event)
- Banner on Arabian Breeders World Cup website homepage with link to sponsor website for 1 year*
(Due 30 days prior to event)
- Advertising in show program as Premium Patron Sponsor*
- Premium placement of sponsor banner inside arena
(Due 45 days prior to event)
- Premium placement of sponsor banner at main entrance of show arena*
(Due 45 days prior to event)
- Display of sponsor brochures on all VIP tables
- Premium publicity over the loudspeaker during the event*
- 6 Official collectors show programs
- 1 10x10 space on concourse.
(Optional: commercial exhibit package. Fill out and return to Phyllis LaMalfa)

**Please contact AHBA for specific advertising deadlines.*

Deposit of \$1,000 due with submission of sponsorship form.

This will reserve your VIP table. Non-refundable.

Sponsorships must be paid in full by March 1st, 2019

Payment plans available please contact us for details.

Premium Patron Sponsor Information:

Please fill out information exactly as you would like it to appear in all World Cup advertising.

Farm/Business Name: _____

Contact Person: _____

Address: _____

City: _____ State: _____ Zip: _____ Country _____

Phone: (____) _____ Mobile: (____) _____ Fax: (____) _____

E-mail: _____

Web Address: _____

Payment Information:

(Deposit of \$1,000 due upon submission of sponsorship form. Full sponsorship balance due March 1st)

Deposit (\$1,000) Full Payment (\$25,000) Other amount _____

I authorize AHBA to charge the following account:

Credit card number: _____ Expiration date: _____ Code _____

Name on card: _____

Signature: _____

**Please make checks payable to: A.H.B.A.
Mail to: AHBA, 28150 N. Alma School Pkwy Ste. 103-474, Scottsdale, AZ 85262**