



NEW YORK STATE ASSOCIATION  
FOR WOMEN IN ADMINISTRATION

## Statewide NYSAWA Sponsorship

### Company Information:

Organization: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Title: \_\_\_\_\_

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

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

Telephone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

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

Give a brief description of your business and mission:

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What is your vision for a partnership with NYSAWA and how would you like your organization to be involved with the NYSAWA community?

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### Sponsorship:

- NYSAWA Statewide Year-Long Premier Partner - \$10,000
- NYSAWA Statewide Partner - \$5,000

### Payment:

Make your check payable to NYSAWA attention Michael Wolff and mail it to:  
NYSAWA, % Capital Region BOCES, 900 Watervliet-Shaker Road, Albany, NY 12205.  
Please ensure to include "State Sponsorship" in the "memo" field of your check.