



Feeding Bodies. Fueling Minds.™

## **New Corporate Partner Structure for 2019**

With the help of the Industry Advisory Board, ILSNA has developed a new tiered membership structure for its corporate partners. Below are the 3 levels of partnership for manufacturers, brokers, and other school nutrition groups. To join ILSNA as a Corporate Partner, please complete the form on the following pages and send the form, along with payment, to the address or fax at the bottom.

### **Corporate Partner Levels**

#### **Corporate Partner**

**\$300.00 –**

- membership with ILSNA
- listed as member on website & in Newsgram
- discounted ads in Newsgram
- discounted booth spaced at Food Expo
- 5 subscriptions to ILSNA monthly newsletter & quarterly Newsgram

#### **Silver Corporate Partner**

**\$1200 -**

- membership with ILSNA
- listed as member on website & in Newsgram
- discounted ads in Newsgram
- free booth at Food Expo
- ½ pg. ad in conference book
- 2 banquet tickets at annual conference
- annual conference attendance report
- 5 subscriptions to ILSNA monthly newsletter & quarterly Newsgram

#### **Gold Corporate Partner**

**\$1800 -**

- membership with ILSNA
- listed as member on website & in Newsgram
- 4 free ½ pg. ads in Newsgram
- 1 free article in Newsgram
- company logo on website & signage at all ILSNA events
- free booth at Food Expo
- full page ad in conference book
- 2 banquet tickets at annual conference
- annual conference attendance reports
- 5 subscriptions to ILSNA monthly newsletter & quarterly Newsgram

Memberships run January 1<sup>st</sup> through December 31<sup>st</sup> of each year.

Thank you for your support of ILSNA and its programs!



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**2019 Corporate Partnership**  
Fax form & payment to 217-529-9120 or  
Mail to PO Box 7317, Springfield, IL 62791

Company \_\_\_\_\_  
Contact Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

**Broker Information**

Broker: \_\_\_\_\_  
Broker Address: \_\_\_\_\_  
Broker Phone: \_\_\_\_\_  
Broker Email: \_\_\_\_\_

Description of Company: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Membership Category (check one)**

Corporate Partner \$300     Silver Level \$1200     Gold Level \$1800

**Form of Payment**

(Return this form with your remittance)

Check - Make payable to ILSNA     MasterCard     Visa     American Express     Discover

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

CVV# (3 digit number on backside of card): \_\_\_\_\_

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

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

Signature: \_\_\_\_\_

**PLEASE CONTINUE ON NEXT PAGE**

**Corporate Membership includes five subscriptions to the Illinois NEWSGRAM and other mailings.  
Please provide contact information for the 4 additional people who should be included on ILSNA communications.**

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

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Email: \_\_\_\_\_

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State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_