



SPONSORSHIP CONTRACT FORM
CTD Form 1-B

YES! I commit to make our TRANSFORMING move.

SPONSOR'S INFORMATION

Company:			
Contact Person: (Title/Name)		Designation	
Address 1			
Address 2			
Email Address:			
Business Phone No/s:		Mobile No/s:	
Billing Name (if different):			
Billing Address (if different):			



SPONSORSHIP PACKAGES

Exclusive Privileges	PREMIUM PARTNER Php400,000	MAJOR PARTNER Php250,000	COMMUNITY PARTNER Php180,000
ICM Program Sponsored	2 Transform communities with naming rights	1 Transform communities with naming rights	1 Transform community with naming rights
Brand Recognition	<p>Logo placement on promotional materials for posting at the CTD venue and other ICM events.</p> <p>Sponsor's logo on the ICM website</p> <p>Promotion on ICM's social media platforms</p> <p>Credits on CTD event video</p> <p>Full page ad in the CTD Souvenir Program booklet</p> <p>Live acknowledgment and logo display before and after the event</p>	<p>Logo placement on promotional materials for posting at the CTD venue and other ICM events.</p> <p>Logo placement on select press releases, collaterals, and signages</p> <p>Half page ad in the CTD Souvenir Program booklet</p> <p>Live acknowledgment before and after the event</p>	<p>Logo placement on promotional materials for posting at the CTD venue and other ICM events.</p> <p>Promotion on ICM's social media platforms</p> <p>Line ad in the CTD Souvenir Book Program booklet (3 ½" x 3/8") <i>Name to be printed must not exceed 25 letters including space and punctuation marks.</i></p> <p>Live acknowledgment before and after the event</p>
Pre-event socials B2B Networking	Three (3) tickets	Two (2) tickets	Two (2) tickets
Seats	Three (3) reserved seats	Two (2) seats First come, first served	One (1) seat First come, first served



DONATION INFORMATION:

Amount in words	
Amount in figures	Php
Bank Name	
Check Number	

AGREEMENT

This is to authorize International Care Ministries to publish/use our company logo and event photos relevant to our participation in Care to Dance, on ICM's collaterals and social media platforms.

Conforme: _____
(Signature over printed name)

Position/Title: _____

Date: _____

Please make all checks payable to: **INTERNATIONAL CARE MINISTRIES FOUNDATION INC.**

Donation may also be deposited to: **METROBANK**
Account Name: International Care Ministries Foundation, Inc.
Account Number: 245-7-24581224-4
Address of Bank: 676 Aurora Blvd., New Manila, Quezon City 1112

Please submit your company logo with the subject: **CTD/LOGO/COMPANY NAME**

Please submit your logo in any of these formats: In Design, PNG, JPEG or PDF

Deadline for logo submission is on March 23, 2018

Care to Dance Contact Person: **Kat Magat** – 0998 961 2804
Weng Kakilala – 0918 937 1036

caretodance@caremin.com

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