



STAR PARTNER PROGRAM

(Membership year is July 1 , 2018 thru June 30, 2019)

5 STAR Partner \$30,000 annually

- Participation in special ASA events
- Premier exhibit booth at Fall Superintendent conference, Institute for Excellence & Summer conference
- 1 article in 4 quarterly newsletters
- Listed as a 5 Star Partner in publications & video messages
- Verbal, printed and on-screen recognition at ASA conferences
- Banner on ASA website and link to corporate website
- Name badge with partner information at ASA conferences
- Printed advertisement in ASA conference programs
- Membership roster with contact information
- Current District Superintendent Members list
- Other benefits may be substituted

3 STAR Partner \$15,000 annually

- Exhibit booth at Fall Superintendent & Summer conference
- 1 article in 2 quarterly newsletters
- Listed as a 3 Star Partner in publications
- Verbal, printed and on-screen recognition at ASA conferences
- Banner on ASA website and link to corporate website
- Name badge with partner information at ASA conferences
- Printed recognition in ASA conference programs
- Membership roster with contact information
- Other benefits may be substituted

1 STAR Partner \$5,000 annually

- Exhibit booth at Fall Superintendent & Summer conference
- Banner on ASA website and link to corporate website
- Name badge with partner information at ASA conferences
- Printed recognition in ASA conference programs
- Membership roster with contact information
- Other benefits may be substituted

Network Partner \$600 annually

- Advance notice for exhibit space
- Discounted exhibit space at Fall Superintendent & Summer conference
- Membership roster with contact information

Company Name: _____ Phone: _____

Contact: _____ E-mail: _____

Address: _____ City: _____ State: ___ Zipcode: _____

Star Partner Level: 5 Star (\$30,000) 3 Star (\$15,000) 1 Star (\$5,000)

Network Partner (\$600) Total \$ _____

Enclosed is: Check# _____ or PO# _____ in the amount of \$ _____

Please return this form with check or PO to: Arizona School Administrators, Inc
1910 W Washington Street
Phoenix, AZ 85009

Date: _____ Signed: _____

Credit Card(VISA, MC, or DISCOVER only) **\$5.00 processing fee will be added**

Please FAX (602-252-8862) form and call (602-252-0361) us with credit card information

ASA OFFICE USE ONLY - do not write in this space

Ck or PO# _____ Inv# _____ Deposit# _____ Date Paid _____ R-4425