



GENERAL INFORMATION

Company Name: _____ Company Website: _____

Address: _____ City: _____ Zip: _____

Contact Name: _____ Phone#: _____ Email: _____

Member Name: _____ Phone#: _____ Email: _____

SPONSORSHIP LEVEL (CHECK ONE)	ADDITIONAL SPONSORSHIPS	PAYMENT INFORMATION
<input type="checkbox"/> \$5,000 Platinum <input type="checkbox"/> \$3,500 Gold <input type="checkbox"/> \$2,500 Silver	<input type="checkbox"/> \$2,500 Golf Event Sponsor <input type="checkbox"/> \$500 Bowling Event Sponsor <input type="checkbox"/> \$1,000 Social Sponsor <small>*Limited availability. Please confirm that the Additional Sponsorship is available.</small>	Make check payable to: BOMA Hawaii ATTN: Transaction Processing PO Box 1120 Honolulu, HI 96807-1120

- 1) For 2022 Sponsors exercising your First Right of Refusal for 2023, please confirm your 2023 sponsorship by sending this completed form within five (5) business days of receipt. Please let us know if you need an invoice to process your payment. Payment then must be received within fifteen (15) business days of written commitment. If payment is not received within fifteen (15) business days, your spot will automatically open on a first-come, first-served basis.
- 2) For new 2023 Sponsors, please confirm your 2023 sponsorship by sending this completed form within ten (10) business days of receipt. Please let us know if you need an invoice to process your payment. Payment then must be received within fifteen (15) business days of written commitment. If payment is not received within fifteen (15) business days, your slot will automatically open on a first-come, first-served basis.

Refund Policy: No refunds for sponsorship fees. There is a no refund policy for not using any or a portion of benefits included in sponsorship fees. Refunds are not given if you fail to attend an event to which you have pre-registered and/or been assigned to. You may substitute an attendee.

By signing below, I understand that I am making a commitment to participate in BOMA Hawaii Sponsorship Opportunities. The term of this agreement will commence on the first day of the year set forth below and will end at the completion of the year. If full payment is not received, I understand the sponsorship agreement may be canceled and I will not receive any benefits.

Signature: _____

Print Name: _____

Date: _____

Mail/email completed sponsorship agreement to:
BOMA Hawaii
1099 Alakea Street, Suite 2530
Honolulu, HI 96813
Email: bae@bomahawaii.com