**Town Highway Superintendents Association of Warren County**

**2025 Highway Employee Safety Days**

**SPONSOR OPPORTUNITIES**

June 10 & 11, 2025

THSAWC is looking for sponsors to help defray event expenses. Each attendee will receive a sponsor handout. Don’t miss out on this great opportunity to be recognized at the event attended by municipal highway employees throughout Warren County. Your generosity is appreciated.

 **\_\_\_\_$125 SPONSOR**

\*Recognition at the event as sponsor

\*1/2 Page (8”x 5”) advertisement in event attendee handout materials

\*Outdoor display space at event if desired

\*Lunch each day

**PAYMENTS DUE BY MAY 1, 2025**

Payments not made by the due date will not be in the printed materials at the event.

Questions: Jennifer 518-761-6528 or

April 518-824-8831

Advertisements must be in a .jpeg format and emailed to smithj@warrencountyny.gov by 5/1/25.

**\_\_\_\_$200 SPONSOR**

\*Recognition at the event as sponsor

\*1 page (8”x 10”) advertisement in event attendee handout materials

\*Outdoor display space at event if desired

\*Lunch each day

Please check as appropriate:

\_\_\_\_ **I will provide a new advertisement**

**\_\_\_\_ Use advertisement on file with THSAWC**

**\_\_\_\_ I will set up a display at the event (7:30am-2pm)**

**\_\_\_\_ I will donate a prize(s) for the attendee raffle**

**\_\_\_\_$525 LUNCH CO- SPONSOR**

\*Recognition at the event as sponsor

\*1 page (8”x 10”) advertisement in event attendee handout materials

\*Outdoor display space at event if desired

\*Lunch each day

\*Signage at the event

\*Web link to be included on THSAWC website as sponsor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Contact Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please deliver or mail check payable to “THSAWC” and completed form to:

 April Fiorentino, Warren County DPW, 4028 Main Street, Warrensburg NY 12885