

# 2020 PARTNERSHIP PROGRAM



## ABOUT THE PROGRAM

The 2020 Community Associations Institute New Jersey chapter Partnership Program offers our Business Partner and Management Company members exclusive perks and additional branding opportunities. You must be either a current CAI-NJ Business Partner or Management Company member to qualify for the 2020 Partnership Program.

## 3 DIFFERENT LEVELS

The 2020 Partnership Program offers 3 different exclusive levels of participation: Premier, Elite, and Ultimate levels. Each level was designed to offer specific benefits.

## WHY PARTICIPATE?

The Partnership Program provides cost effective, guaranteed exposure including enhanced advertising placements, increased brand recognition and special acknowledgment on signage at events and CAI-NJ publications. Your company will receive cost effective, prominent exposure in New Jersey's community association industry, exclusive to 2020 Partnership Program participants.



APPLICATIONS AND PAYMENT DUE BY DECEMBER 16, 2019

# 2020 PARTNERSHIP PROGRAM REGISTRATION FORM



## GENERAL INFORMATION: [PLEASE PRINT]

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

Primary Contact: \_\_\_\_\_ Email: \_\_\_\_\_

Billing Contact (If Different From Primary): \_\_\_\_\_ Email: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

## 2020 PARTNERSHIP PROGRAM RATE:

**PREMIER** \$3,500       **ELITE** \$6,500       **ULTIMATE** \$10,000\*(2019 Ultimate Partners only.)

\*I am interested in upgrading to **ULTIMATE PARTNERSHIP** if space becomes available.  
(Must have been a 2019 Premier or Elite Partner to qualify.)

## BILLING PREFERENCE: [CHECK ONE]

Annually       Semi-annually **[CREDIT CARD ONLY]**

## PAYMENT: [CHECK ONE]

1. PAY BY CHECK: Check Enclosed for FULL PAYMENT **[MADE PAYABLE TO CAI-NJ]**

Mail completed form with check to:  
CAI-NJ, Attn: Partnership Program  
500 Harding Road  
Freehold, NJ 07728

2. PAY BY CREDIT CARD:

Please fill out credit card info and fax completed form to (609) 588.0040.

Cardholder Name: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ Security Code: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

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

Cardholder acknowledges receipt of goods and/or services in the amount of the total shown hereon and agrees to perform the obligations set forth in the cardholder's agreement with issuer. For semi-annual payments, cardholder grants permission for the above to be charged half of partnership total on or before the deadline of December 16, 2019 and remaining balance to be charged on June 1, 2020. If second payment is not received by close of business on June 1, 2020, all benefits associated with the partnership will be immediately terminated.

## TERMS & CONDITIONS:

I affirm that I am authorized to make the above Partnership commitment on my company's behalf. I have read and understand the benefits associated with this Partnership and agree to pay in accordance with my selected billing preference and payment option listed above. Partnership refunds or cancellations cannot be made after the contract is signed as potential partners may be turned away as a result of your acceptance. I understand that this form becomes a contract when signed.

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

Signature (Authorizing Officer): \_\_\_\_\_



## REGISTER NOW!

VISIT [WWW.CAINJ.ORG](http://WWW.CAINJ.ORG) AND CLICK THE 2020 PARTNERSHIP PROGRAM BANNER

## QUESTIONS?

Contact CAI-NJ at (609)588-0030 or email: [info@cainj.org](mailto:info@cainj.org)