



# AZCCD 2018 SPONSORSHIP OPPORTUNITIES



**PLATINUM** **\$3,000**

**20x100 Ft Exhibitor space for two day event**  
**Full Page (8.5" x 11" Landscape) Color Ad in Career Guide**

- ❖ 4'x6' Company banners hung inside VIP Tent & Front Entrance Gate
  - Company Logo and link on the home page of AZCCD website
  - Company Logo on t-shirt distributed to all students
  - Company Logo** on Sponsorship collateral at event
  - (1) App notification, and Landing Page with the App
- MUST Complete EXHIBITOR REGISTRATION form also**



**GOLD** **\$2,000**

**20x60 Ft Exhibitor space for two day event**  
**Half Page (5.5" x 8.5" Horizontal) Color Ad in Career Guide**

- Listed on Sponsorship page of AZCCD website
  - Company banner** hung at front entrance gate
  - Company Logo** on Sponsorship collateral at event
- MUST Complete EXHIBITOR REGISTRATION form also**



**SILVER** **\$1,000**

**20x20 Ft Exhibitor space for two day event**

- Listed on Sponsorship page of AZCCD website
  - Company banner** hung at front entrance gate
  - Company Logo** on Sponsorship collateral at event
- MUST Complete EXHIBITOR REGISTRATION form also**



**BRONZE** **\$500**

- Listed on Sponsorship page of AZCCD website
- Company banner** hung at front entrance gate
- Company Logo** on Sponsorship collateral at event



**LUNCH** (Provide Lunch for Students attending event) **\$350**

- Listed on Sponsorship page of AZCCD website
- Company Logo** on Sponsorship collateral at event



**QUARTER PAGE AD** **\$300**

- ❖ In Career Guide 4.25" x 5.5" Landscape



**"ERNIE BONHAM" TRANSPORTATION FUND \$200**

**Assist Schools with transportation funds to attend event**

- Listed on Sponsorship page of AZCCD website
- Company banner** hung at front entrance gate (any size)
- Company Logo** on Sponsorship collateral at event



**WATER / SNACK BARS** **\$200**

**Assist with the purchase of Water Bottles & Snack Bars for Students**

- Company banner** hung at front entrance gate
- Sponsorship signage prominently displayed at event
- Listed on Sponsorship page of AZCCD website
- Listed in Career Guide on website and given to Counselors

**If you are a PLATINUM, GOLD, or SILVER Sponsor, fill out the Exhibitor Registration form too**

Send Logos & Ads to  
 Sabrina Lechuga at  
 slechuga01@gmail.com by  
 Oct. 12, 2018



## CONTACT AND PAYMENT INFORMATION

**If you have questions contact Sabrina Lechuga or email [slechuga01@gmail.com](mailto:slechuga01@gmail.com)**

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

Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_ Email (for receipt): \_\_\_\_\_

Amount: \$ \_\_\_\_\_ Sponsorship: \_\_\_\_\_ Advertisement in Career Guide: \_\_\_\_\_

**Mailing Check**

Make checks payable to: Arizona Construction Career Days, AZCCD c/o Sabrina Lechuga, PO Box 5854, Goodyear, AZ 85338

**Credit Card Information**      MC      VISA      AMEX      *this section will be destroyed after approval*

Name on Card: \_\_\_\_\_ Card No.: \_\_\_\_\_

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

Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_



**2018 EXHIBITOR REGISTRATION FORM**

We look forward to you participating in  
**Arizona Construction Career Days**  
 Presented by **Association for Construction Career Development**  
**"BUILDING TOMORROW'S WORKFORCE TODAY"**

**Event Dates:** **Thursday November 1, 2018** and **Friday November 2, 2018**  
**Arizona National Guard 5636 E. McDowell Rd, Phoenix, AZ** 8:00 am-2:00 pm

**\*\*MANDATORY EXHIBITOR MEETING** **October 16, 2018 5:30pm**  
**Russell Auditorium Arizona National Guard 5636 E. McDowell Rd, Phoenix, AZ**  
**SPONSORS --- bring banner(s) to meeting - if applicable**

**COMPANY:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **CITY/ZIP:** \_\_\_\_\_

**CONTACT NAME:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**PHONE #:** \_\_\_\_\_

**Please check one:**

Contractor \_\_\_\_\_ Association \_\_\_\_\_ Education/Training \_\_\_\_\_

Equipment \_\_\_\_\_ **Other (explain)** \_\_\_\_\_

**Space required (CIRCLE ONE)**

|                               |                               |                               |                               |                                |
|-------------------------------|-------------------------------|-------------------------------|-------------------------------|--------------------------------|
| <b>20 ft x 20 ft</b><br>\$325 | <b>20 ft x 40 ft</b><br>\$350 | <b>20 ft x 60 ft</b><br>\$400 | <b>20 ft x 80 ft</b><br>\$425 | <b>20 ft x 100 ft</b><br>\$450 |
|-------------------------------|-------------------------------|-------------------------------|-------------------------------|--------------------------------|

**Ask us about Sponsorship Opportunities!!!**

Request to be next to or near another exhibitor? \_\_\_\_\_

**Type / Quantity of equipment you expect to bring:** *(Equip can be delivered Wed prior to event from 9am-1pm)*

|                    |                         |                              |                        |
|--------------------|-------------------------|------------------------------|------------------------|
| Backhoe _____      | Skid steer loader _____ | Survey Equip _____           | Compactor/Roller _____ |
| Scissor Lift _____ | Forklift _____          | Hand Tools _____             | Scraper _____          |
| Crane _____        | Dozer _____             | Tamper _____                 | Dump Truck _____       |
| Excavator _____    | Concrete pumper _____   | Testing _____                | Generator _____        |
| Grader _____       | Water Truck _____       | <b>Other (explain)</b> _____ |                        |

**Type of exhibit you will have:** \_\_\_\_\_ *Power is NOT provided*

Description: \_\_\_\_\_

**Payment:** **Mail Check** \_\_\_\_\_ **PLEASE PRINT OR TYPE**

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

Contact Person \_\_\_\_\_

Phone \_\_\_\_\_ Email for receipt \_\_\_\_\_

Amount charged \$ \_\_\_\_\_

*(this portion will be shredded after card is run)*

**Credit Card Information**

Name on Card \_\_\_\_\_ Card No. \_\_\_\_\_

Mailing Address \_\_\_\_\_

Expiration Date \_\_\_\_\_ Security Code \_\_\_\_\_

**Mail Registration Form, Insurance Document to:**  
 AZCCD c/o Sabrina Lechuga  
 PO Box 5854  
 Goodyear, AZ 85338



**2018 EXHIBITOR REGISTRATION FORM**

**Personnel attending:**  
 Please list names and dates of attendance. *(This is for Arizona National Guard security purposes)*

| Name | Day | Name | Day |
|------|-----|------|-----|
|      |     |      |     |
|      |     |      |     |
|      |     |      |     |
|      |     |      |     |
|      |     |      |     |

**Points of Contact:**

|   |  |
|---|--|
| <p><b>Exhibitor Questions:</b><br/>                 Rose Ann Canizales, ACCD President<br/>                 480-777-2226     <a href="mailto:roseann@greatimpactinc.com">roseann@greatimpactinc.com</a></p> | <p><b>Payment &amp; Insurance Questions:</b><br/>                 Sabrina Lechuga, ACCD Treasurer<br/>                 928-848-6718     <a href="mailto:slechuga01@gmail.com">slechuga01@gmail.com</a></p> |
| <p><b>Equipment Delivery Questions:</b><br/>                 Sabrina Lechuga, ACCD Treasurer<br/>                 928-848-6718     <a href="mailto:slechuga01@gmail.com">slechuga01@gmail.com</a></p>       | <p><b>Sponsorship / Website Questions:</b><br/>                 Sabrina Lechuga, ACCD Treasurer<br/>                 928-848-6718     <a href="mailto:slechuga01@gmail.com">slechuga01@gmail.com</a></p>   |

**Insurance Requirements for Exhibitors:**

**Participants without equipment need:**

|                   |                            |
|-------------------|----------------------------|
| General Liability | \$2,000,000 aggregate      |
|                   | \$1,000,000 per occurrence |
| Auto Liability    | \$1,000,000 minimum        |

**Certificate Holder:** Association for Construction Career Development, PO Box 5854, Goodyear, AZ 85338

**Description:** Arizona Construction Career Days Event, 5636 W. McDowell Rd, Phoenix, AZ

**Additional Insured:** Association for Construction Career Development, Arizona Construction Career Days, Arizona National Guard

**Those with equipment need:**

|  |                            |
|--|----------------------------|
| General Liability                      | \$2,000,000 aggregate      |
|  | \$1,000,000 per occurrence |
| Auto Liability                         | \$1,000,000 minimum        |
| Workers Comp or State Fund Information | \$100,000 per occurrence   |
|  | \$100,00 per person        |
|  | \$500,000 per disease      |

**Mail Registration Form, Insurance Document and Checks to:**

*AZCCD c/o Sabrina Lechuga  
 PO Box 5854  
 Goodyear, AZ 85338*

**TEAR DOWN WILL BE IMMEDIATELY AFTER FRIDAY'S EVENT**

*Mission Statement: To support and promote the construction industry through education and employment*

Your clothing **MUST** be as though you were going on a jobsite.  
**MANDATORY**  
 NO SHORTS of any kind, SKIRTS, TANK TOPS, HEELS, FLIP FLOPS or SANDALS. ALWAYS GEAR TOWARD THE SAFETY OF THE STUDENTS.

Wear your Hard Hat at all times during the event--you are a role model for the students.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

DATE OF ISSUE

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

|                                     |                       |                                    |      |
|-------------------------------------|-----------------------|------------------------------------|------|
| PRODUCER<br>BROKER INFORMATION      | CONTACT NAME:         |                                    |      |
|                                     | PHONE (A/C, No, Ext): | FAX (A/C, No):                     |      |
|                                     | E-MAIL ADDRESS:       |                                    |      |
|                                     |                       | INSURER(S) AFFORDING COVERAGE      | NAC# |
|                                     |                       | INSURER A : INSURANCE COMPANY NAME |      |
| INSURED<br>EXHIBITOR JAME & ADDRESS | INSURER B :           |                                    |      |
|                                     | INSURER C :           |                                    |      |
|                                     | INSURER D :           |                                    |      |
|                                     | INSURER E :           |                                    |      |
|                                     |                       | INSURER F :                        |      |
|                                     |                       | INSURER G :                        |      |

# SAMPLE

COVERAGES CERTIFICATE NUMBER: REVISED NUMBER:  
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE  | ADDITIONAL INSURER | POLICY NUMBER      | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS   |
|----------|--|--------------------|--------------------|-------------------------|-------------------------|--|
| A        | GENERAL LIABILITY<br><input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS MADE OCCUR<br>GENERAL AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-LOC | Y                  | GL Policy Number   | 0/01/2014               | 01/01/2015              | EACH OCCURRENCE \$1,000,000<br>DAMAGE TO REINFORCING STRUCTURES (Ea occurrence) \$8<br>MED EXP (Any one person) \$<br>PERSONAL & ADV INJURY \$<br>GENERAL AGGREGATE LIMIT \$2,000,000<br>PRODUCTS - GOM P/OP AGG \$8 |
| A        | AUTOMOBILE LIABILITY<br><input checked="" type="checkbox"/> ANY AUTO ALL OWNED - U*OS<br><input type="checkbox"/> HOUSEHOLD AUTOS<br><input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> NON-OWNED AUTOS                                  | Y                  | Auto Policy Number | 01/01/2014              | 01/01/2015              | COMBINED SINGLE LIMIT (Ea accident) \$1,000,000<br>BODILY INJUR* (Per person) \$<br>BODILY INJUR* (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$   |
|          | UMBRELLA LIABILITY<br><input type="checkbox"/> OCCUR<br><input type="checkbox"/> CLAIMS-MODE<br>EXCESS LIABILITY RETENTION \$  |                    |                    |                         |                         | EACH OCCURRENCE \$<br>AGGREGATE \$<br>\$   |
| A        | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE MEMBER EXCLUDED* (Mandatory in NH)<br>If yes, describe under SIGNATURE OPERATIONS below   | YIN                | WC Policy Number   | 01/01/2014              | 01/01/2015              | EACH OCCURRENCE \$100,000<br>E.L.D SEASE EA EMPLOYEE \$100,000<br>E.L.D DISEASE - POLIC* LIMIT \$500,000   |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
 EVENT: Arizona Construction Career Days  
 DATES: 11/5/2014 thru 11/7/2014 (Dates include set-up)  
 SITE: Arizona Army National Guard- Papago Site 5636 E. McDowell Rd, Phoenix, AZ 85008  
 Association for Construction Career Development, Arizona Construction Career Days, and the Arizona Army National Guard are additional insureds under all policies, except workers compensation

|   |  |
|---|--|
| CERTIFICATE HOLDER<br><br>ASSOCIATION FOR CONSTRUCTION CAREER DEVELOPMENT (ACCD)<br>PO BOX 5854<br>GOODYEAR, AZ 85338 | CANCELLATION<br><br>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. |
|   | AUTHORIZED REPRESENTATIVE  |

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