



# 30<sup>th</sup> Annual Day on the Delaware

A unique networking luncheon and waterfront inspection tour of economic growth along the New Jersey/Philadelphia waterfronts.

**Friday, August 11, 2017**  
**Boarding: 11:00 a.m.**  
**Disembark: 2:00 p.m.**



**Aboard the Spirit of Philadelphia**  
**Penn's Landing**  
**Philadelphia, PA**

## Sponsorship Opportunities & Tickets

Yes, I/We will participate in the SNJDC Day on the Delaware. Please accept my commitment for (please check below):

*\* Only Available to SNJDC Members*

**Supporting Sponsor -- \$2,000\***  
*Reserved seating for 10  
Recognition on Invitations, Website & Program  
Display table/banner and literature distributed at event  
Verbal recognition during program*

**Lanyard Sponsor -- \$1,250\***  
*Sponsor name on lanyards distributed at event  
Reserved seating for 6  
Recognition on Invitations, Website & Program  
Verbal recognition during program*

**Wine Tasting Sponsor -- \$1,000\***  
*Reserved seating for 6  
Recognition on Invitations, Website & Program  
Sponsor provides cups for wine  
Table for banner and literature distributed at event  
Verbal recognition during program*

**Cigar Bar Sponsor -- \$1,000\***  
*Reserved seating for 6  
Recognition on Invitations, Website & Program  
Sponsor provides boxes of cigars, cutters and matches  
Table for banner & literature distributed at event  
Verbal recognition during program*

**Dessert Table Sponsor -- \$500\***  
*Seating for 1  
Recognition on Invitations, Website & Program  
Logo on Dessert Table Sign  
Verbal recognition during program*

**Table Tent Sponsor -- \$500\***  
*Seating for 1  
Recognition on Invitations, Website & Program  
Sponsor provides table tents  
Verbal recognition during program*

**Individual Tickets: \$70-members, \$95-nonmembers**

**TO SPONSOR OR TO REGISTER**

**ON-LINE** at [www.snjdc.org](http://www.snjdc.org) or

**CALL** Randi McDonnell at (856) 228-7500 • **FAX** completed form to (856) 228-7511

Name(s) \_\_\_\_\_

Title(s) \_\_\_\_\_

Organization \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ Ext. \_\_\_\_\_ Email \_\_\_\_\_

Credit Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_ Sec. Code \_\_\_\_\_ Amount \$ \_\_\_\_\_

SNJDC MEMBERS ONLY

Please Invoice \_\_\_\_\_ Email \_\_\_\_\_