



Join us to enjoy drinks and savory appetizers while celebrating the important work of the IFMA Foundation under the stars of Nashville in the majestic Country Music Hall of Fame. Stand up close to history, to get a glimpse behind the scenes at the music and artists that sustained you this past year, and before, and beyond. Visiting the hall of fame, you'll find the moments that made country history. Witness the chapter competition and vote. Join the line dance competition. Purchase items from our silent auction. Your participation will make FM a career of choice.

Tickets: \$129.00 Date: September 27, 2022 Time: 7:00 PM – 10:00 PM EST

Museum Tour: 7:00 PM to 8:00 PM

ITEM	GOLD SPONSOR \$25,000 +	SILVER SPONSOR \$10,000 +	SUPPORTING SPONSOR \$5,000 +	ACTIVITY SPONSOR \$1,000 +
Admissions Tickets	10	6	4	
IFMA Foundation Video Value Message	✓			
Website Acknowledgement	✓	✓	✓	✓
Social Media	✓	✓	✓	✓
Logo on step and repeat banner	✓	✓	✓	
Special Signage at the event	✓			
Acknowledgement at the event	✓	✓	✓	✓
Invited to speak on stage during event	✓			
Ad in IFMA Foundation World Workplace Program	Full Page Center	Full Page		
Additional Logo placement	Tables at the event		Food & Beverage Table	

Half page Ad \$500



Walk the Line Sponsor Payment Form

Tuesday, September 27, 2022 | 7:00 PM – 10:00 PM
The Country Music Hall of Fame – Nashville, TN.

SPONSORSHIP PREFERENCE:	
<input type="checkbox"/> Gold Sponsor \$25,000 +	<input type="checkbox"/> Silver Sponsor \$10,000 +
<input type="checkbox"/> Supporting Sponsor \$5,000+	<input type="checkbox"/> Activity Sponsor \$1,000 +
Half Page Ad <input type="checkbox"/>	

Please make checks to: IFMA Foundation
Place in memo section the type of sponsorship

Please mail to: Attention: Christina Gonzales
IFMA Foundation
800 Gessner Road, Suite 900
Houston, TX 77024-4257

CREDIT CARD INFORMATION

Please charge to (check one):	<input type="checkbox"/> VISA <input type="checkbox"/> Master Card <input type="checkbox"/> American Express <input type="checkbox"/> Discover			
Credit Card Number:	CV#:	Expiration Date:		
Business Name on Card:				
Name on Card:				
Billing Address (if different from above):				
I authorize IFMA Foundation to charge my credit card in accordance with the information above. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization.				
Authorized Signature: _____				Date: _____

You can also email completed form to christina.gonzales@ifma.org

Preferred Contact Name:	
Contact Number:	
Contact Email:	