



**MARCH 7-8, 2025**



**Holiday Inn Resort Lumina on Wrightsville Beach**  
1706 N. Lumina Avenue, Wrightsville Beach NC  
Toll Free: 877-330-5050 Local: 910-256-2231

**Need Further Information**

**Contact:**

Cathy Horton  
Executive Director  
P.O. Box 158, Angier NC 27501  
Ph: 919-413-9544, Email:  
cathy@seasag.com



P.O. Box 158 Angier, NC 27501  
Phone: (919) 413-9544 [www.ncmelons.com](http://www.ncmelons.com)

January 13, 2025

Dear Agribusiness Friend:

We want to take this opportunity to invite you to participate in the 42nd Annual Convention of the North Carolina Watermelon Association, March 7-8, 2025, at the Holiday Inn Sunspree Resort, 1706 N. Lumina Avenue, Wrightsville Beach, NC 28480, Toll-Free: 877-330-5050, Local: 910-256-2231.

Convention Room Rate: \$203.00 Standard Room, Oceanfront Room \$213.00. The Cut-off room date is **February 14, 2025**

We hope that your company can sponsor this year. Please complete the enclosed form and send it along with your check to the address printed on the paper.

If you have any questions, don't hesitate to contact me at 919-413-9544 or [cathy@seasag.com](mailto:cathy@seasag.com).

Cordially,

*Cathy Horton*

Cathy Horton  
Executive Director

Enclosures

# 2025 Sponsorship Information

## **BANQUET — PLATINUM SPONSOR** **\$4500.00**

- ◆ Podium Speaking Opportunity (5 Minutes)
- ◆ 2 complimentary Convention Registrations
- ◆ Recognition in NCWA Yearbook denoting level of sponsorship.
- ◆ Recognition on Banner at Convention
- ◆ Full Page (B&W) advertisement in Yearbook

## **PRESIDENT RECEPTION - GOLD SPONSOR** **\$3500.00**

- ◆ Podium Speaking Opportunity (2-3 Minutes)
- ◆ 1 complimentary Convention Registrations
- ◆ Recognition in NCWA Yearbook denoting level of sponsorship.
- ◆ Half Page (B&W) advertisement in Yearbook
- ◆ Recognition on Banner at Convention

## **CASINO NIGHT SPONSOR** **\$3000.00**

- ◆ Signage on Easel with your Company Logo
- ◆ Signage on tables during casino night
- ◆ Recognition on Banner at Convention

## **LUNCH SPONSOR** **\$2000.00**

- ◆ Sponsorship Recognition Display on Each Lunch Table at Convention
- ◆ Recognition in NCWA Yearbook
- ◆ Recognition on Banner at Convention
- ◆ Quarter Page (B&W) advertisement in Yearbook

## **AUCTION** **\$1500.00**

- ◆ Sponsorship Recognition Display on Each Auction Table at Convention
- ◆ Recognition in NCWA Yearbook denoting level of sponsorship.
- ◆ Recognition on Banner at Convention

## **BRONZE SPONSOR** **\$ 1000.00**

- ◆ Recognition on Banner at Convention
- ◆ Recognition in NCWA Yearbook denoting level of sponsorship.
- ◆ Business Card Advertisement in Yearbook

## **CONTRIBUTOR SPONSOR** **\$ 500.00**

- ◆ Recognition on Banner at Convention
- ◆ Recognition in NCWA Yearbook denoting level of sponsorship.

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*It is the philosophy of the Board of Directors to keep the Convention expenses at a minimum while continuing to provide quality service and information from the most expert sources available. Without our sponsors, we could not achieve this goal. Your Sponsorship is greatly appreciated.*

***THANK YOU!!!***

# 2025 SPONSORSHIP FORM

**YES!** *I would like to be a Sponsor at the Following Level:*

Please check the appropriate box:

- |                          |   |            |
|--------------------------|---|------------|
| <input type="checkbox"/> | <b>Banquet Platinum Sponsor</b>         | \$ 4500.00 |
| <input type="checkbox"/> | <b>President Reception Gold Sponsor</b> | \$ 3500.00 |
| <input type="checkbox"/> | <b>Casino Night Sponsor</b>             | \$ 3000.00 |
| <input type="checkbox"/> | <b>Lunch Sponsor</b>                    | \$ 2000.00 |
| <input type="checkbox"/> | <b>AUCTION</b>                          | \$ 1500.00 |
| <input type="checkbox"/> | <b>Bronze Sponsor</b>                   | \$ 1000.00 |
| <input type="checkbox"/> | <b>Contributor Sponsor</b>              | \$ 500.00  |

## Billing Information: Please print clearly

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

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

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



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

Check # \_\_\_\_\_

Zip \_\_\_\_\_

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

## Method of Payment: Card Type:

Card# \_\_\_\_\_

Name of Cardholder \_\_\_\_\_

Billing Address of Card: \_\_\_\_\_

3 digit code on back of card \_\_\_\_\_ Exp. Date \_\_\_\_\_

**Make Checks Payable and mail to:**

**NCWA, P.O. Box 158, Angier, NC 27501**