**ACMA (WR) 14th Quality Circle Competition**

**Wednesday 17th July 2019:  Hotel Sheraton Grand, Pune**

**Opportunity to highlight company’s products , services and achievements**

**Sponsorships**

|  |  |
| --- | --- |
| **Category** | **Offer** |
| **Principal Co- Sponsor**  **` 40,000/-** | * One QC team can participate in the Competition * 4 delegates (observer) can attend the event * Name & logo of the company on Main Back Drop * Promotion of your organization name and logo at the venue at  prominent places  through “Thank You Sponsors” Panel * Circulation of your company brochures/ CD etc. to all Participants * Your support will be  acknowledged |
| **Associate Co-sponsor**  **` 30,000/-** | * One QC team can participate in the Competition * Name & logo of the company on Main Back Drop * Promotion of your organization name and logo at the venue at  prominent places  through “Thank You Sponsors” Panel * Circulation of your company brochures/ CD etc. to all Participants * Your support will be  acknowledged |

**\* The sponsorship amount is exclusive GST. Kindly note GST on sponsorship is on reverse charge method.**

**Confirmation for Sponsorship**

**(Please email this form immediately)**

The Regional Secretary Phone: (020)66061219

ACMA – Western Region Cell    : 09923602443

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Pune-411005

We would like to sponsor under ( please mention category) ------------------------------ Please find enclosed our Local Cheque / Demand Draft (for Outstation companies) No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Dated \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for ` \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in favour of “Automotive Component Manufacturers Association of India”, payable at Pune towards the sponsorship.

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

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

Organisation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Telephone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Fax:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail ID: --------------------------------------------