



Sponsor Request Form

Please complete the information below related to your interest in sponsorship of the 2026 National Ladder Safety Month.

COMPANY/ORGANIZATION:			
ADDRESS:	STATE: ZIP CODE: TACT FOR SPONSORSHIP INFORMATION: EMAIL:		
CITY:	STATE:	ZIP CODE:	
PRIMARY CONTACT FOR S	PONSORSHIP INFORMATION:		
PHONE:	EMAIL:		
SPONSORSHIP PACE	(AGES:		
Top Cap	Sponsor - \$25,000		
Middle R	ung Sponsor - \$10,000		
First Run	g Sponsor - \$5,000		
Supporti	ng Partner - \$2,500		
Webinar	Sponsor - \$2,000		
Ground S	upport Sponsor - \$1,500		
Partner -	\$1,000		
Associate	<u>-</u> \$500		

Your request for sponsorship will be processed based on package availability. An invoice will follow receipt of this form. Sponsorship fulfillment will be finalized upon receipt of payment.

PLEASE RETURN FORM BY EMAIL OR MAIL:

American Ladder Institute 1300 Sumner Avenue Cleveland, Ohio 44115-2851 Phone: (216) 241-7333

marketing@laddersafetymonth.com