



# *Arizona Association of Counties* Preferred Business Partners



THE ARIZONA ASSOCIATION OF COUNTIES UNITES THE STATE'S 15 COUNTIES, HELPING LOCAL GOVERNMENTS, ELECTED LEADERS AND MORE THAN 34,000 COUNTY EMPLOYEES GET DONE THE BUSINESS OF COUNTY GOVERNMENT. IF YOUR COMPANY DEPENDS ON ARIZONA'S COUNTIES TO TURN A PROFIT, THEN A COST-EFFECTIVE AACO PARTNERSHIP MAY BE WHAT YOU NEED TO REACH POTENTIAL CLIENTS AND NEW PARTNERS.

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PARTNERSHIP IS OFFERED IN SEVERAL TIERS, EACH OFFERING ITS OWN SET OF UNIQUE BUSINESS OPPORTUNITIES AND BENEFITS.

PLEASE READ ON TO LEARN MORE ABOUT THE DIFFERENT BENEFITS SPECIFIC TO OUR THREE PARTNERSHIP LEVELS AND CHOOSE THE ONE THAT BEST FITS YOUR COMPANIES NEEDS AND GOALS FOR EXPANDING YOUR PRESENCE IN ARIZONA COUNTIES.

FOR MORE DETAILS ON THE BENEFITS OFFERED, PLEASE CONTACT [GIDEON WAGNER](#).

## Associate Level:

\$3,000

Benefits include:

- Company name & logo with link to company website hosted on AACo's website
- Priority exhibitor space at Annual Conference
- 50% off exhibitor space at Annual Conference
- Opportunity to address Board of Directors
- Ad space in AACo's weekly newsletter

## Senior Level:

\$5,000

Benefits include:

- All benefits included in Associate Level
- Opportunity to present at General Session at Annual Conference
- Opportunity to attend Hospitality Suite at Annual Conference
- Additional ad space in AACo's weekly newsletter
- Social Media ads and posts
- Mailing list from our county database

## Premier Level:

\$10,000

Benefits include:

- All benefits included in Associate & Senior Level
- Two (2) complementary Annual Conference registration
- One (1) complementary exhibitor space at Annual Conference
- Rights to one of our Executive sponsorship opportunities
- Naming rights to a Summit Award

# Become an AACo Business Member Today!

Please complete and return via:

Email: [Gideon Wagner](#) and [Sue Anderson](#)

US Mail: AACo/Attn: Business Membership  
1910 W. Jefferson Street, Phoenix, AZ 85009

Fax: 602.254-0969

## Enroll me as a Business Partner at the...

Associate Level: \$3,000 X \_\_\_\_\_ Senior Level: \$5,000 X \_\_\_\_\_

Premier Level: \$10,000 X \_\_\_\_\_

COMPANY NAME:

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CONTACT PERSON:

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TITLE OF CONTACT:

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ADDRESS:

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CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

E-MAIL:

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PHONE: (\_\_\_\_\_) \_\_\_\_\_ FAX: (\_\_\_\_\_) \_\_\_\_\_

DESCRIPTION OF BUSINESS (Limit 100 words):

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## PAYMENT INFORMATION

PLEASE INVOICE ME: \_\_\_\_\_ CHECK INCLUDED: \_\_\_\_\_

PAY BY CREDIT CARD: \_\_\_\_\_ EXP. DATE: \_\_\_\_\_

Security ID: \_\_\_\_\_ (Located on back of credit card) Visa and MasterCard only, please

TOTAL DUE: \$ \_\_\_\_\_

NAME ON CARD:

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BILLING ADDRESS FOR CREDIT CARD (WITH ZIP CODE):

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SIGNATURE OF CARDHOLDER:

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