



# IIABAZ Lunch with Legislators Sponsorship

April 14, 2026 – Arizona State Capitol Wesley Bolin Plaza

The Independent Insurance Agents and Brokers of Arizona will be hosting a Lunch for our members to engage with their State Legislators on industry and business priorities on Tuesday, April 14, 2026 from 11:30am-1pm at the Arizona Capitol. We will be inviting all Legislators and their key staff, along with the Governor and her Chief of Staff.

We need your sponsorship to make this a successful event. Please consider sponsoring and supporting the Arizona agents.

Title Sponsor - \$5,000

- Speaking opportunity (2-5 minutes)
- Podium Recognition at event
- Recognition in press release
- Logo recognition during event and on all tables
- Logo recognition on sponsor sign at Check-In
- Social media, event page, and registration recognition
- Attendee confirmation recognition
- Company logo on marketing materials

Friends of IIABAZ Sponsor - \$1,000

- Event page recognition
- Company logo on marketing materials
- Company name on sponsor sign at Check-In

Community Sponsor - \$500

- Company logo on marketing materials
- Company name on sponsor sign at Check-In

Capitol Sponsor - \$2,500

- Podium Recognition at event
- Recognition in press release
- Logo recognition during event & sponsor sign at Check-In
- Social media, event page, and registration recognition
- Company logo on marketing materials

Legislative Sponsor—\$1,500

- Recognition in press release
- Logo recognition during event & sponsor sign at Check-In
- Social media and event page recognition
- Company logo on marketing materials

**Question(s)?**  
 Contact Terri Edwards  
 terri@iibaz.com or 800-627-3356 ext 106

COMPANY: \_\_\_\_\_ CONTACT NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_

Checks should be made payable to IIABAZ and mailed with this completed form. Contact Kathy Sawyer at Kathy@iibaz.com if you need an invoice.

American Express, Visa, Discover or MasterCard Credit Cards payments need to have the information below completed.

Credit Card No: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Name on Card: \_\_\_\_\_ Signature: \_\_\_\_\_

Card's Billing Address: \_\_\_\_\_

Email Receipt to: \_\_\_\_\_

Return to: IIABAZ at 333 East Flower Street, Phoenix, Arizona 85012 or terri@iibaz.com or Fax: (602) 468-1392