

# SAFETY COUNCIL OF GREATER COLUMBUS

## SPONSORSHIP OPPORTUNITIES



Monthly meeting sponsorship is a great way to get your company's name/logo before hundreds of companies and individuals.

### Full Sponsor: \$1,200

Includes all Half Sponsor benefits, **PLUS** you may include promotional materials on the tables at the meeting and can personally promote your company's brand and message from the podium with a 1-2-minute presentation.

### Half Sponsor: \$600

Includes your company logo on the SCGC website "Programs" page and the month sponsored event page, your logo on the infographic that is emailed to all SCGC members weekly, inclusion on table tents and logo included in presentation screen at the meeting.

### 2025/26 Monthly Meeting Topics (Tentative):

- **July 2025**  
-Lifes (2021 ANSI Update)
- **August 2025**  
-Rigging Overview  
-Trenching & Excavation
- **September 2025**  
-Mental Health Support for the Field
- **October 2025**  
-AI In Construction
- **November 2025**  
-Cold Emergencies
- **December 2025**  
-Record Keeping  
-Transitional Work
- **January 2026**  
-OSHA Update
- **February 2026**  
-Supervisor/Employee Relations
- **March 2026**  
-Accident Investigation  
-Tactical/Soft Communications Skills
- **April 2026**  
-Heat Related Illness  
-Driving Fraud
- **May 2026**  
-Fall Protection & Ladder Safety
- **June 2026**  
-Warehousing Directive

## I want to support the Safety Council of Greater Columbus!

Company \_\_\_\_\_

Individual Name \_\_\_\_\_

Phone (     ) \_\_\_\_\_ Email \_\_\_\_\_

My company wants to secure the following sponsorship opportunity:

Month(s): \_\_\_\_\_

Please indicate the level you would like to sponsor:

☐ Half Sponsor: \$600

☐ Full Sponsor: \$1,200

Payment (check one):     ☐ check enclosed     ☐ credit card     ☐ invoice the company

To pay by credit card: (Circle one)   MC   VISA   AMEX   DISC

*Please note that a 3% credit card processing fee will be applied.*

Please print clearly.

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

Expiration Date: \_\_\_\_\_ CVV# \_\_\_\_\_ Total Charged: \$ \_\_\_\_\_

Name on the Card: \_\_\_\_\_

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

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

Return to this form to:

Ashton Chapman | [e achapman@bx.org](mailto:achapman@bx.org)

**Thank you for your support!**