



# 2025 Annual Patron Sponsorship Opportunity

Patron Sponsorships are available for members and non-members who are not practicing accountants and practicing attorneys but who would like the opportunity to promote their business and network with accountants, attorneys and other professionals.

## [ ] \$5,000 – Annual Patron Sponsorship for Long Island

- Sponsor logo and hyperlink are featured on the home page of the AANG website as “Patron Sponsor” for one year
- Sponsor logo and link on monthly breakfast invitations
- Premier level sponsorship of the Spring and Fall Networking Cocktail Receptions to include:
  - Admission for 10 guests for each event
  - Premier sponsor listing on event invitation and signage
  - Display table at events
  - Banner displayed at events
  - Sponsor Spotlight on event invitation with link to company website and logo on AANG website & social media.
- \*One breakfast meeting sponsorship to include logo and hyperlink on the designated AANG monthly breakfast invitation and website meeting calendar listing. Sponsor and a colleague attend one networking breakfast meeting with the opportunity to “meet and greet” with members before and after the meeting. During the breakfast meeting, you may, but need not, make up to a 15-minute presentation on any topic of your choice. If the meeting is on Zoom due to gathering restrictions, you may have up to 20 minutes for a presentation with document sharing. This also includes a post-meeting email to the membership with a link to view your presentation, document link and contact information.
- Bring One Colleague: You may bring one colleague from your firm or company to the breakfast you are sponsoring.

**\*Breakfast Meeting Month Request** \_\_\_\_\_

*Patron sponsorships become active upon receipt of PAYMENT IN FULL*

*\*Month requests for breakfast meeting sponsorships are not confirmed until payment in full has been received and processed. Months will be assigned based on receipt of payment. Logo and hyperlink will be added to the AANG website at time of payment.*

Name \_\_\_\_\_

Firm Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail \_\_\_\_\_

Signature \_\_\_\_\_

**EMAIL FORM WITH CREDIT CARD FORM TO: [AMariani@sheehancpa.com](mailto:AMariani@sheehancpa.com)**

**Make checks payable to:**  
Accountant/Attorney Networking Group, Inc.  
C/O Anthony P. Mariani, CPA  
Sheehan & Company, CPA, PC  
165 Orinoco Drive, Brightwaters, NY, 11718

**Questions about sponsorship or meetings?**  
Anthony P. Mariani, AANG President,  
[AMariani@sheehancpa.com](mailto:AMariani@sheehancpa.com)

AANG is open to all practicing accountants and practicing attorneys who service multiple clients. Our purpose is to facilitate networking between and among accountants and attorneys - two professions that have enormous synergy and potential for cross referrals. For more information, please visit our website [www.accountantattorneynetworking.com](http://www.accountantattorneynetworking.com)

**AANG-Accountant/Attorney Networking Group, Inc.**[www.accountantattforevnetworking.com](http://www.accountantattforevnetworking.com)

Please complete the payment authorization form below by indicating your program and credit card choices by checking the appropriate boxes, filling out all card member information and signing at the bottom.

Amount of Credit Card Transaction: \$\_\_\_\_\_

Credit Card Type: (Circle One)    Visa                    MasterCard                    Discover                    AMEX

Credit Card Number: \_\_\_\_\_ \*CVV Code: \_\_\_\_\_

Name on Card \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Company Name: \_\_\_\_\_

Email: \_\_\_\_\_  
\_\_\_\_\_

**PLEASE USE BILLING ADDRESS ASSOCIATED WITH THE CREDIT CARD #**

**Credit Card Billing Address:** \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone Number: (\_\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_

I hereby authorize a charge of \$\_\_\_\_\_ by The Accountant/Attorney Networking Group, Inc. (AANG).

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

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

My signature above authorizes AANG to process my credit card for the amount checked above. My facsimile signature is acceptable as an original. I understand that the payment for the selected event is a one-time fee, and that is non-refundable and non-cancelable. \*CVV Code is the last 3 numbers on the back of the Visa, MasterCard and Discover Card or the four digits on the front of the AMEX Card.