Sponsor and Donation Form
2013 MAPCR Spring Seminar
Johnson Center, Howell, Michigan
April 27, 2013

Dear MAPCR Supporter,

Many of you in the past have graciously donated items to be raffled at the MAPCR Spring Seminar. Thank you for your contributions. If you are interested in donating this year, please fill out the information below and return to the MAPCR Office by April 17, 2013.

Item:_____

Company Name: _____

Contact Person:_____

SPONSORSHIP
Please check the category that you would like to sponsor. All sponsors will receive acknowledgement in the attendee's folder and via signage at the event.

❑ Continental Breakfast Sponsor ($200)
❑ Refreshment Break Sponsor ($150)
❑ Lunch Sponsor ($250 or $500)
❑ Registration Sponsor ($100)
❑ Trainer Sponsor ($250 or $500)

Amount Enclosed $_____

Continental Breakfast Sponsor – $200
Funds will be used to provide a continental breakfast for attendees.

Refreshment Break Sponsor - $150
Funds will be used to provide refreshment breaks in the exhibit area for seminar attendees.

Lunch Sponsor - $250 /$500
Funds will be used to upgrade the lunch fare. $250 is a partial sponsor and $500 is a full sponsor

Registration Sponsor - $100
Provide a single or double sided promotional piece on your company and we will insert it into the attendee's seminar folder.

Speaker Sponsor - See Below
$250 - Recognition in the conference brochure and onsite agenda, recognition on MAPCR website, and recognition on seminar signage at the event
$500 - Recognition in the conference brochure and onsite agenda, recognition on MAPCR website, recognition on seminar signage at the event, and a one-page promotional piece inserted in attendee packets

Please fill in the information requested below. Fax or mail to MAPCR, P.O. Box 366, Pinckney, MI 48169. PH: 734.498.2627, FAX: 734.498.8415 by **April 17, 2013**

Name _____

Company Name_____

Address _____

City_____ State _____ ZIP _____

Phone _____ Fax _____E-mail _____

Method of Payment
Check #:_____ ❑ MasterCard   ❑ Visa

Card #:_____ Exp. Date: _____

3-Digit Code:_____ Card Billing Address Street and ZIP Code: _____

Signature: _____