

Sponsorship/Partnership Request Form

Company Information

Name	
Street Address	
City Postal Code	
Contact Name	
Telephone #	
E-Mail Address	

Title of Sponsorship Opportunity

Title: _____

Duration of Sponsorship

Start Date: _____ End Date: _____

COM DEV's Level of Involvement

Exclusive Sponsorship Lead
 Equal Partnership Other (please specify): _____

Estimated Cost of Sponsorship Opportunity

CAN \$ _____

Description of Sponsorship Opportunity