



A State Affiliate of ICMA

COMPANY NAME
CONTACT NAME
EMAIL/TELEPHONE
ADDRESS CITY/STATE/ZIP

SPONSORSHIP	Summer 2017	Winter 2018
Annual Partner - \$10,000+ (one available). Payment by check only	\$	\$
Platinum Level Sponsor - \$6,000+ (one for Winter, one for Summer)	\$	\$
Gold Level Sponsor - \$3,000 (six for Winter, six for Summer)	\$	\$
Breakfast/Lunch Sponsor - \$2,000 (five for Winter, five for Summer)	\$	\$
Afternoon Break Sponsor - \$1,000 (two for Winter, two for Summer)	\$	\$
Vendor Reception Booth - \$500 (multiple available)	\$	\$
Conference Program Sponsor - \$250 (multiple available)	\$	\$

COMPLIMENTARY CONSULTANT MEMBERSHIPS

Partner= 2 Platinum= 1

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BADGE NAMES FOR VENDOR RECEPTION-Additional badges are \$25

1.	2.
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BADGE NAMES FOR WINTER INSTITUTE COMPLIMENTARY REGISTRATIONS

Partner = 2 | Platinum = 2 | Gold = 1 | Breakfast/Lunch = 1

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BADGE NAMES FOR SUMMER WORKSHOP COMPLIMENTARY REGISTRATIONS

Partner = 2 | Platinum = 2 | Gold = 1 | Breakfast/Lunch = 1

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NEXTGEN PROFESSIONAL DEVELOPMENT SEMINARS (circle spring or fall) _____ \$ 250

ICMA CONFERENCE MICHIGAN RECEPTION (four available) _____ \$ 750

ADDITIONAL SPONSORSHIPS _____ \$ _____

<p style="text-align: right;">SPONSORSHIP TOTAL \$ _____</p> <p style="text-align: right;">GRAND TOTAL \$ _____</p> <p><input type="checkbox"/> Charge total amount to my credit card</p> <p><input type="checkbox"/> Payment by check to Michigan Municipal Executives</p>	<p>Type of card (circle) Visa MasterCard American Express</p> <p>CC# _____</p> <p>Exp. Date _____ Zipcode _____</p> <p>Signature _____</p>
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Fax this completed application with credit card payment to 734-669-4223 OR mail this completed application with check for payment in full to: Michigan Municipal Executives PO BOX 7409, Ann Arbor, MI 48107-7409