

SPONSORSHIP ACCEPTANCE FORM

CHICAGO – 2022

Please send completed form to mmcp_inc@yahoo.com.au

BUSINESS NAME: _____

CONTACT NAME: _____

PHONE: _____ EMAIL: _____

Sponsorship Level: (Please indicate)

- Naming Rights - \$1,500 Gold - \$750 Silver - \$500
 Bronze - \$250 Promotion - \$100

I understand that my Business / Organization will be invoiced at the above address.

OR

I have provided the following goods / services to the value of the selected Sponsorship Package.

I accept that the logo / branding of my Business / Organization will be used on MMCP's promotional material as per the selected Sponsorship Package and will be used in line with MMCP's schedule of benefits.

I agree to be contacted in relation to further partnership opportunities.

Signed: _____ Date: _____

Name (Please Print): _____