## **Sponsorship Form**



Phone 734-669-6371 Fax 734-627-6884 registration@mml.org

DATE:

## **SPONSOR INFORMATION**

Name:

**Company Name:** 

Street Address:

City, State, ZIP:

Phone:

## **PAYMENT METHOD**

Submit payment with sponsorship form

SPONSORED EVENT	DESCRIPTION	AMOUNT OF SPONSORSHIP
	2025 MAM Summer Workshop	
	Bronze Sponsor	\$
	Silver Sponsor	\$
	Gold Sponsor	\$
	Platinum Sponsor	\$
TOTAL SPONSORSHIP AMOUNT \$		

Authorized by: — (Name & Title)

Mail payment and form to:

Michigan Association of Mayors PO Box 7409 Ann Arbor. MI 48107

## Thank You for Your Support!