



INSTRUCTIONS: Save this form to your computer and complete all sections electronically. Upon receipt of payment, WMPMI will send you a confirmation.

NAME OF COMPANY / ORGANIZATION					
NAME OF CONTACT PERSON		TITLE OF CONTACT PERSON			
ADDRESS					
Y		ZIP PHONE			
EMAIL		WEB ADDRESS			
CHAPTER SPONSORSHIP LEVEL Please indicate your sponsorship preference					
□ Chapter Sponsor \$25,000	SP	SPONSORSHIP FEE		TAL ENCLOSED	
□ Platinum Sponsor \$16,000	\$		\$		
□ Gold Sponsor \$12,000					
□ Silver Sponsor \$8,000					
□ Bronze Sponsor \$ 4,000					
□ Nickel Sponsor \$ 2,000					
□ Copper Sponsor \$ 1,000					
PAYMENT OPTIONS					
□ Please charge our credit card. □ VISA □ MasterCard	□ Disco	ver □ American Ex	press		
\square We have enclosed check (payable to WMPMI).					
$\hfill\square$ We are submitting a purchase order and will pay the inv	oice wit	hin 30 days of its re	eceipt.		
□ In-kind sponsorship.					
NAME ON CARD					
		EXP DATE	EXP DATE		
CARD NUMBER					
CARD NUMBER AUTHORIZED SIGNATURE					
	constit	utes a contract.			
AUTHORIZED SIGNATURE	name in t	he signature block be	low. Retu	rning this document to the	
SIGNATURE Acceptance of this application by WMPMI NOTE: You may embed a scanned signature or simply type your	name in t	he signature block be	low. Retu	rning this document to the	

Logo visibility: Your company's logo will be published in marketing and attendee materials based on the sponsorship level purchased, as indicated above and on the grid that follows. Please email your company's logo to the directorsponsorships@wmpmi.org as a **vectored-art EPS file**. If your company does not have its logo in this format, please email us for alternatives.