



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 |
|---------------------------------|--------------------------|-----------------------|
| | 2024 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!