



West Michigan

2020 Annual Sponsorship Form

Contact Information (All information required)

Contact Name: _____

Contact Title: _____

Company Name: _____

Address: _____

City: _____ State: _____

Phone: _____ Fax: _____

Email: _____

Website: _____

Ticket Contact (if different from above)

Contact Name: _____

Contact Title: _____

Phone: _____

Email: _____

Logo Request

Sponsors, please email a high resolution, color logo in .eps form to assocmgr@tmawm.org.

Sponsor Fee

\$2,250

Payment Information

We accept checks and credit cards. If you would like to pay by check, please make checks payable to **TMA West Michigan** and mail to **P.O. Box 6924, Grand Rapids, MI 49516**. If you would like to pay by credit card, please complete the form below:

Amex Discover Master Card Visa

Credit Card Number: _____ Expiration Date: _____

Security Code: _____ Name on Credit Card: _____

Billing Address: _____

Signature: _____

P.O. Box 6924 | GRAND RAPIDS | MI 49516 | E: assocmgr@tmawm.com | P: 616.301.0096 |

www.tmawm.com