



## Sponsorship Agreement for SWMISHRM Monthly Meeting

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

Type of business: \_\_\_\_\_

Desired meeting date of sponsorship: \_\_\_\_\_

The sponsorship of the monthly meeting includes:

1. Two minutes at the podium to promote your business. Please provide a summary of your presentation:
2. Powerpoint presentation as attendees enter the room.
  - a. All copy, logos and visual representation must be provided on a flashdrive in Powerpoint format and given to the designated SWMISHRM representative 5 days before the meeting. No more than 4 slides.
3. Table or floor space near the registration table. Table and chairs will be provided for your materials. All materials will appropriately promote only your business.
4. Business logo and a brief bio of the sponsors business will appear on the SWMISHRM website indicating that you are the sponsor for the monthly meeting and will be linked to your business website.
5. Cost is \$100.00. Make checks payable to SWMISHRM. Send your payment and the signed copy of the agreement to:  
SWMISHRM  
P.O. Box 751  
St. Joseph, MI 49085  
Attn: Stacy Raue-Wiley

Cancellation Policy: Please notify us 30 days prior to the meeting.

*All plans are subject to final approval by the SWMISHRM Board, and may be denied if found not to serve the best interest of our members.*

As a monthly sponsor, I hereby agree to all the terms in this agreement.

Sponsor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

