



M.C.O.D.S.A.
Sponsorship Opportunities
April 12th and 13th, 2012
The Doubletree Hotel
Bay City, Michigan

If interested in sponsoring MCODSA's 2012 Spring Seminar at the Doubletree Hotel in Bay City, please complete this form and return it as soon as possible by either mailing to MCODSA at 3105 S. Martin Luther King, Lansing, MI 48910, by scanning and emailing to info@mcodsa.com, or by faxing to (517) 913-6180. If you have any questions, please contact MCODSA at (800) 99-CIVIL.

Organization/Business: _____

Contact Name: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: _____ Cell: _____

Fax: _____ Email: _____

Sponsorship Options

Donation Amount

Event Sponsor \$1,000

- Signage at break table area
- Material in attendee portfolio
- Opportunity to address attendees at the Friday lunch
- Acknowledgement in the program and full page ad

Hospitality Suite \$500

- Signage at hospitality suite
- Material in attendee portfolio
- Opportunity to address attendees at the Friday lunch
- Acknowledgement in the program and 1/2 page ad

Breakfast Sponsor \$250

- Signage at breakfast
- Material in attendee portfolio
- Breakfast introduction and address to the attendees
- Acknowledgement in the program and 1/4 page ad

Lunch Sponsor \$250

- Signage at Lunch
- Material in attendee portfolio
- Lunch introduction and address to the attendees
- Two tickets for lunch
- Acknowledgement in the program and 1/4 page ad

Break Sponsor - Thursday or Friday \$100

- Signage at Break
- Material in attendee portfolio
- Acknowledgement in the program and business card size ad

Vendor Table Top Displays \$300

- Includes admission for 1 person for Thursday Hospitality suite and Friday meals
- Draped table and 2 chairs
- Additional participants \$40



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Conference Program Advertising Rates

Please email your copy ready ad, art and/or text to info@mcodsa.com by Monday, April 2nd, 2012.

Business card size	\$25
¼ page ad	\$50
½ page ad	\$75
Full page ad	\$100

Placement options available, please contact us for more information.

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Please Check and Complete All Applicable Items:

Sponsorship Total	\$ _____	Sponsorship Type: _____
Vendor Table Total	\$ _____	# of Additional Guests: _____
Advertising Total	\$ _____	Advertisement Size: _____

Method of Payment:

Total amount: \$ _____ Check # _____ Visa MasterCard Amex

Card Number: _____ Exp.: _____ CCV: _____

Cardholder Name: _____

Card Billing Address: _____

Signature: _____

Please make checks payable to MCODSA and mail with completed form to:
MCODSA | 3105 S. Martin Luther King | Lansing, MI 48910
Or fax with credit card payment to: MCODSA | (517) 913-6180