

# Sponsorship Application Form

## Contact Details

Please note all correspondence including invoiced will be sent to the contact supplied below.

Company or organization name \_\_\_\_\_

Contact person \_\_\_\_\_

Position \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_

State \_\_\_\_\_

Zipcode \_\_\_\_\_

Country \_\_\_\_\_

Website \_\_\_\_\_

## Sponsorship Opportunities

(Check appropriate box)

All sponsorship prices are in US dollars.

### Partnerships

- |                          |          |            |          |                    |
|--------------------------|----------|------------|----------|--------------------|
| <input type="checkbox"/> | Diamond  | Investment | \$20,000 | (Exclusive Option) |
| <input type="checkbox"/> | Platinum | Investment | \$15,000 |                    |
| <input type="checkbox"/> | Gold     | Investment | \$10,000 |                    |
| <input type="checkbox"/> | Silver   | Investment | \$7,500  |                    |
| <input type="checkbox"/> | Bronze   | Investment | \$5,000  |                    |
| <input type="checkbox"/> | Basic    | Investment | \$2,500  |                    |



Agreed Item \_\_\_\_\_

Agreed Cost \_\_\_\_\_

I agree to be invoiced for a total of \$ \_\_\_\_\_ for the items selected above.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Sponsorship agreement will be sent upon receipt of your application form.

## Payment form

- I wish to pay by bank check.
- I wish to pay by credit card as per the total above to be debited to:

Visa

MasterCard

Amex

Credit card number \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Cardholder's name \_\_\_\_\_

Signature \_\_\_\_\_

Expiration Date \_\_\_\_\_

Please note: All credit card payments will appear as ACM on your statement.

Application forms may be sent to:

Email: [cikm.indy2016@gmail.com](mailto:cikm.indy2016@gmail.com)

Phone: 317-274-0364 / 317-274-3327