



2024 Annual Sponsor Program Registration Form

Please register our company for the following sponsorship:

| | | |
|-------|----------------------|----------|
| _____ | Platinum Sponsorship | \$15,000 |
| _____ | Gold Sponsorship | \$10,000 |
| _____ | Silver Sponsorship | \$5,000 |
| _____ | Bronze Sponsorship | \$2,500 |
| _____ | Patron Sponsorship | \$1,000 |

Company Name: _____

Primary Contact: _____

Address: _____

Phone: _____ Website: _____

E-mail address for primary contact: _____

Company Name to appear on signage:

Payment Method: Check enclosed MasterCard Visa American Express

Card # _____ Exp. Date _____ Security Code _____

Billing address including zip code _____

Please invoice: Once Quarterly

Signature _____

Return this completed form, along with an electronic copy of your company logo to:

hsmith@pcmala.org , fax 334/272-3837 or mail,
P&CMA
P.O. Box 231659
Montgomery, Alabama 36123-1659