



## Tri-County Summit 2024 Sponsorship Form

Organization/Sponsor Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Title: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

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

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

### **Sponsorship Levels:**

- Premier - \$3,000 +  
Includes: 4 seats at the Summit, a VIP exclusive gift and/or experience, verbal acknowledgement at event and exclusive logo placement on promotional materials
- Sponsor - \$1,000  
Includes: 2 seats at the Summit, verbal acknowledgement at event and general logo placement on promotional materials
- Supporter - \$500  
Includes: 1 seat at the Summit and general logo placement on promotional materials
- Other \_\_\_\_\_

**Please submit this form, with payment and company logo, by July 1, 2024.**

Send form and contributions payable to:  
Macomb County Board of Commissioners  
Attn: Tri-County Summit 2024  
1 South Main Street, 9th Floor, Mount Clemens, MI 48043  
tricontysummit@macombgov.org