

12 Month Sponsorship Effective:
DAMA COC 2004 Sponsorship Form and Invoice

Make Checks Payable to: DAMA COC (Receipts available upon Request)
Mail Sponsorship Form and Check to:

DAMA COC PMB #267 1799 W. Fifth Ave #267 Columbus, OH 43212

<input type="checkbox"/>	Platinum \$1,000
<input type="checkbox"/>	Gold \$600
<input type="checkbox"/>	Silver \$400
<input type="checkbox"/>	General <i>Amount</i> \$ _____

Please indicate your level of sponsorship

Please fill out the sponsor information below - * indicates required information

The information below is for the sponsor's company or organization information:

* Company or Organization Name _____
* Address _____
* City _____ * State _____ * Zip Code _____

Please indicate up to two (2) contacts for the sponsoring organization.

First Name	MI	Last Name	Mail Stop	Phone	E-Mail