

DAMA COC 2008 Sponsorship Form and Invoice

For the 12 month sponsorship effective: _____

Please make checks payable to: DAMA COC (receipt available upon request)

Mail sponsorship form and check to:

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

- | | |
|--------------------------|------------------------|
| <input type="checkbox"/> | Platinum \$1,500 |
| <input type="checkbox"/> | Gold \$1,000 |
| <input type="checkbox"/> | General Amount \$_____ |

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 _____

Platinum Level Sponsors please indicate up to five (5) contacts for the sponsoring organization.

Gold Level Sponsors please indicate up to two (2) contacts for the sponsoring organization.

First Name	MI	Last Name	Phone	E-Mail