

DAMA COC 2009 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

- Platinum \$1,500
- Gold \$1,000
- 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	EEmail