



**TMACOG 2010 Transportation Summit**  
**Friday, March 19, 2010**  
**Dr. Martin Luther King, Jr. Plaza, Toledo**

**Co-Sponsor Response Form**

*Response including logo requested by February 19, 2010*

- YES, we would like to co-sponsor the 2010 Transportation Summit.
- Check is enclosed for: \$\_\_\_\_.00
- Please invoice us to the attention of: \_\_\_\_\_

**Summit Co-Sponsorship**

► Enclose company name/logo as you would like it to appear on Transportation Summit materials.

*As a co-sponsor, you will receive the following benefits:*

- Your company logo on event invitations
- Your company name and/or logo on Transportation Summit information posted on our website
- Two (2) display tables with electricity
- Company signage at the event location
- One (1) dinner table with company logo with eight (8) luncheon tickets\*

**SUMMIT CO-SPONSORSHIP COST: \$900.00**

Display Needs	Unit Cost	Number Needed	
Maximum of two (2) tables (96" x 30")	No Cost	# tables: <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 0	---
Additional tables	\$25	# added tables: _____	\$____.00
Electricity	No Cost	# outlets needed: _____	---
<b>TOTAL SPONSORSHIP &amp; DISPLAY COST:</b>			<b>\$____.00</b>

**Contact / Invoice Information**

Company: \_\_\_\_\_

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

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

City/State/Zip: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Fax: ( ) \_\_\_\_\_ E-mail: \_\_\_\_\_

# TMACOG 2010 Transportation Summit

## Co-Sponsor Response Form

-Page 2 -

\* **Attendees:** Please list your registrants (8 included, plus any additional) as you wish information to appear on name badges.

NAME	TITLE	COMPANY	LUNCH REQUESTED
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

Please indicate information as you wish it to appear in the Transportation Summit event packet:

Company: \_\_\_\_\_

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

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

City/State/Zip: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Fax: ( ) \_\_\_\_\_ E-mail: \_\_\_\_\_

Make checks payable to TMACOG and return to:

Toledo Metropolitan Area Council of Governments

P.O. Box 9508

Toledo OH 43697-9508

Fax 419.241.9116

SUBMIT FORM

E-mail logo by February 4 to: [vondeylen@tmacog.org](mailto:vondeylen@tmacog.org)

Questions: Diane Reamer-Evans, 419.241.9155 ext. 117, [evans@tmacog.org](mailto:evans@tmacog.org)

Marc Vondeylen, 419.241.9155 ext. 136, [vondeylen@tmacog.org](mailto:vondeylen@tmacog.org)

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