



Mid-Atlantic Regional Sponsorship Application
Complete this form and e-mail to: regional.sponsorship@scup.org

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Mid-Atlantic Region Sponsorship Coordinator

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Name _____ Date _____

Name for billing purposes (if different) _____

Organization _____

Address _____

City _____ State/Province _____ Postal Code _____

Phone _____ Fax _____

Email _____

URL _____

Select your annual level of sponsorship and method of payment in USD

Partner/\$4,000 [] Platinum/\$3,000 [] Gold/\$2,000 [] Silver/\$1,000 [] Bronze/\$500 []

OPTIONAL: Event Sponsorships

Select your event sponsorship for the regional conference and method of payment in USD

Event sponsorship open to Silver, Gold, Platinum & Partner annual regional sponsors [see above]

Breakfast/\$1,000 [] Lunch/\$2,000 [] Break/\$500 [] Opening plenary/\$3,000 [] Reception/\$3,000 [] Tour/\$1,000 []

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Select your event sponsorship for the one-day conference and method of payment in USD

Event sponsorship open to Silver, Gold, Platinum & Partner annual regional sponsors [see above]

Breakfast/\$500 [] Lunch/\$1,000 [] Plenary/\$1,000 [] Reception/\$1,000 []

Payment Included []

Credit Card _____ Expiration Date _____

Number _____

CSC (Card Security Code): _____ (on back of MasterCard or VISA, on front of AMEX)

Signature _____ Date _____