

# Sponsor/Speaker Request



ARMC receives many requests each year from the community. We ask candidates to fill out this form at least 6 weeks in advance. If your request is accepted a staff member will contact you. Thank you for your interest!

## Contact Information

Name of Organization	
Street address	
City, ST, ZIP Code	
Contact person	
Contact phone number	
Contact e-mail address	

## Request Type

(Check all that apply): **Note:** For sponsorship requests please attach sponsorship dollar-levels.

<input type="checkbox"/> Financial Sponsorship	<input type="checkbox"/> Speaker for school career day ( <input type="checkbox"/> Physician <input type="checkbox"/> Nurse <input type="checkbox"/> other staff)
<input type="checkbox"/> Donation of materials	<input type="checkbox"/> Health presentation ( <input type="checkbox"/> Physician <input type="checkbox"/> Nurse <input type="checkbox"/> other staff)
<input type="checkbox"/> Exhibitor	<input type="checkbox"/> Other (Tours, etc.): _____

## Request Details

Please provide us with some additional details:

Name of the event you are having: \_\_\_\_\_

Date and time of the event: \_\_\_\_\_

Cost for participants: \_\_\_\_\_ Cost for exhibitors: \_\_\_\_\_

Location of the event: \_\_\_\_\_

Who will be attending? (target audience): \_\_\_\_\_

Number of participants expected: \_\_\_\_\_

Purpose or goal of this event: \_\_\_\_\_

Description of the event: \_\_\_\_\_

Is this the first year you are having this event? (if not specify how many years): \_\_\_\_\_

Which county is served by your event? \_\_\_\_\_

Which cities are served by your event? \_\_\_\_\_

## Additional Details

Is your organization a non-profit?  Yes  No Tax ID: \_\_\_\_\_

Will ARMC receive recognition for its participation?  Yes  No

If yes, what form of recognition? \_\_\_\_\_

Has ARMC provided support for this in the past? \_\_\_\_\_

**Deadline for advertisement/materials:** \_\_\_\_\_

Email completed form to: ARMCFoundation@armc.sbcounty.gov