



## *Sponsor Commitment & Enrollment*

*Propagating the New Work Disability Prevention Paradigm for Disability Benefits & Workers' Comp Systems*

### **We will Support the Michigan Summit on Workability: April 1& May 1, 2009 Preventing Needless Work Disability**

Individual Name: \_\_\_\_\_

Title/Role: \_\_\_\_\_

Organization

Name: \_\_\_\_\_ Website: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

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

City \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Level of Sponsorship (circle one)

**\$10,000+ Gold - 4 Attendees, Company name and logo on all printed materials, large signage and banner placement, link to websites**

**\$5,000 Silver – 2 Attendees, Company name and logo on all printed materials, medium signage and banner placement, link to websites**

**\$1,000 Bronze– 1 Attendee, Company name and logo on all printed materials, link to websites**

**\$500 Friend – Company name and logo on all printed materials**

Exact Sponsor Name for Program Materials:

\_\_\_\_\_

Will you provide a logo? No Yes Email logo to: [aschambers@p3hracs.com](mailto:aschambers@p3hracs.com)

Payment Arrangements: Amount due: \$ \_\_\_\_\_

Pay now: By check By credit card (Payments made after April 17, 2009: unique handling)

Payment will be made by (date): \_\_\_\_\_

Make check payable to: **60 Summits Project, Inc. – Michigan Summit**

**Federal Tax ID Number 260328552**

Credit Card:  AMEX  VISA  MC Exp. date: (mm/yy) \_\_\_\_\_ Verification # (3-4 digits) \_\_\_\_\_

Name / Address on card (if different from above): \_\_\_\_\_

\_\_\_\_\_

Acct # \_\_\_\_\_

Signature \_\_\_\_\_

**Fax to: 616-285-0543 or Mail to: 60 Summits Project, Inc. – Michigan Summit,  
c/o P3HR Consulting & Services, 3855 Sparks Drive, SE/ Suite 102 Grand  
Rapids, MI 49546**

**For questions call: Steve Ohman 616-391-7741**