



Sponsor Commitment & Enrollment

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

**We wish to support the Workability in Michigan Summit April 30-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:** steve.ohman@yahoo.com

Payment Arrangements: Amount due: \$ _____

Pay now: by check by credit card **or** **Payment will be made by (date):** _____

Make check payable to: **"60 Summits Project, Inc. – Michigan" Fed Tax ID 26-0328552**

Credit Card: AMEX VISA MC

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

Card # _____

Exp. date: (mm/yy) _____ **Verification # (3-4 digits)** _____

Signature _____ **Date:** _____

Fax to: 616-391-7733 **or**

Mail to: 60 Summits Project, Inc.– Michigan, c/o P3HR Consulting & Services,
3855 Sparks Drive, SE / Suite 100, Grand Rapids, MI 49546

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