



NORTHERN CALIFORNIA CHAPTER

M E E T I N G P R O F E S S I O N A L S I N T E R N A T I O N A L

MPINCC 2009-2010 SPONSORSHIP RESPONSE FORM

Please complete the information below, indicating which dates you would like to sponsor an MPINCC event and/or other ways you would like to contribute. You may submit one response form to be considered for multiple dates and/or programs. We will respond as soon as possible to discuss a sponsorship that is right for you! Thank you.

Sponsorship objective: _____

Sponsorship type/s: _____

Program(s) details: _____

Date(s): _____

Site/Vendor: _____

Contact Person: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Fax #: _____

E-Mail Address: _____

Parking accommodations and costs: _____

Contact Person for company logo: _____

30-word description of your site or service: _____

Return this completed form to:

MPINCC - 2440 Camino Ramon - Suite 273 - San Ramon, CA 94583

Attn: Diane Schneiderman, CMP

Fax: 925/355-1296

Questions? Call 925/355-1912 or email info@mpincc.org