

REGISTRATION FORM

Please reserve:

_____ Gold/Silver/Bronze Sponsorship Level at \$ _____

_____ Table Sponsor \$600 each for Members

_____ Table Sponsor \$750 each for Non-Members

_____ Seat(s) at \$60 each for Members

_____ Seat(s) at \$75 each for Non-Members

Chamber Affiliation for Member Pricing: _____

Please provide Company information (please type):

_____ Company Name

_____ Address

_____ City/Zip

_____ Contact Name

_____ Phone _____ Email

Please list attendees below (please type):

1. _____ Name

_____ Company

2. _____ Name

_____ Company

3. _____ Name

_____ Company

4. _____ Name

_____ Company

5. _____ Name

_____ Company

6. _____ Name

_____ Company

7. _____ Name

_____ Company

8. _____ Name

_____ Company

9. _____ Name

_____ Company

10. _____ Name

_____ Company

WESTMARC and
the West Valley Chamber Alliance Present

Dr. Michael Crow

State of the University: West Valley

Thursday, October 8, 2015

ASU West campus | 4701 W Thunderbird | Glendale, AZ

Sponsorship Levels

Gold Table for 10 - Gold Preferred Seating **\$2,500**
Additional Seat at Head Table
Logo Recognition on All Event Materials
Logo Scrolled During Event
Podium Acknowledgement at the Event

Silver Table for 10 - Silver Preferred Seating **\$1,500**
Logo Recognition on All Event Materials
Logo Scrolled During Event
Podium Acknowledgement at the Event

Bronze Table for 10 - Bronze Preferred Seating **\$1,000**
Logo on Select Event Materials
Logo Scrolled During Event

Table Sponsorship **Members \$600**
Table for 10 - Reserved Seating **Non-Members \$750**
Company/Organization Name on Table Sign

Individual Seat
Members \$60 / \$75 At the Door
Non-Members \$75 / \$90 At the Door

Payment Information:

_____ I prefer to have WESTMARC contact me for my
credit card information: (_____) _____
(Area Code) / Phone Number

Or, please complete the credit card information below:

_____ Company Name

_____ Name on Card

_____ Mailing Address

_____ City _____ Zip

_____ Type of Credit Card

_____ Credit Card #

_____ Exp Date _____ CID

_____ Total Amount \$

Please Provide E-Mail Address for Credit Card Receipt

Make checks payable to WESTMARC or complete credit card information above. No refunds after Sep 30, 2015.
No phone reservations accepted.
Please email, fax or mail the completed form to:



WESTMARC

Attn: Dr. Crow Luncheon 2015
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