



# MEG Website Sponsor Form

## Advertiser Information:

Advertiser: \_\_\_\_\_

Contact: \_\_\_\_\_

Title: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

## Math Education Group

College of Education Box 209  
1500 University Drive  
Billings, MT 59101-0245

meg.msub@gmail.com

[www.matheducationgroup.weebly.com](http://www.matheducationgroup.weebly.com)

### Please Mail to:

Dr. David Snow  
College of Education Room 221  
1500 University Drive  
Billings, MT 59102-0245

Office: 406.657.2329

### Questions? Contact:

Ainsley Goodrich  
MEG President  
meg.msub@gmail.com

## Rates and Positions

| Level of Support                 | Benefits  | Amount  |
|----------------------------------|---|---------|
| <input type="checkbox"/> Donor   | name(s) listed on event website<br>names(s) listed in parent welcome packet   | \$ 50   |
| <input type="checkbox"/> Sponsor | logo posted on event website<br>logo printed on event packet handouts<br>logo printed in parent welcome packet  | \$ 100  |
| <input type="checkbox"/> Partner | logo posted on event website<br>logo printed on event packet handouts<br>logo printed in parent welcome packet<br>logo on main page of MEG website<br>business banner not exceeding the size of 2' by 5' displayed at the cram session<br>business thanked at event closing session   | \$ 500  |
| <input type="checkbox"/> Co-Host | business name identified as event "co-host" on main page of event website<br>logo posted on main page of event website<br>business name will appear alongside "Cram Session" on all event materials<br>space reserved for two business banners in registration and gathering atria (size limited to 8' long by 5' tall)<br>business representative thanked at event opening session and asked to say a few words on the importance of academics | \$1000+ |

Run Dates: Start(MM/DD/YY): \_\_\_\_\_ Stop(MM/DD/YY): 05/31/2014

The undersigned person represents that they are authorized to enter into contracts on behalf of the individual, business, or organization listed above. Please send the completed contract with you check\* or money order by mail to the address at the left.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Accepted by: \_\_\_\_\_ Date: \_\_\_\_\_

\*Make checks payable to MSU-B - MEG