



# 2024 BUSINESS PARTNER LEVEL

## LEVEL SELECTION

Please select a level

- PLATINUM      \$5000
- SILVER              \$1000
- GOLD                 \$2500
- ASSOCIATE\*        \$ 250

\*for governmental taxing bodies only

## REGISTRATION FORM

### ORGANIZATION INFORMATION

Organization :

Address, :

City, State, Zip :

Organization Phone :  Website URL :

### CONTACT INFORMATION

Primary Contact Name :  Secondary Contact Name :

Primary Contact Title :  Secondary Contact Title :

Primary Contact Title :  Secondary Contact Title :

\*Your organization will be invoiced. Payment by check is preferred -Payable to Metro West Council of Government. If using a credit card, there will be an additional 4% fee added on the invoice. Please call ahead to make arrangements for credit card processing. For more information please contact Susan Russell at [srussell.mwcog@gmail.com](mailto:srussell.mwcog@gmail.com)