



2024 EVENT SPONSORSHIP

SPONSORSHIP SELECTION

Event Title	Sponsorship Level	Total

Grand Total: _____

REGISTRATION FORM

ORGANIZATION INFORMATION

Organization : _____

Address : _____

City, State, Zip : _____

Organization : _____ Website URL : _____

Phone : _____

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

Metro West Council of Government

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