



ESTABLISHED 1946

CORPORATE SPONSORSHIP

All M.U.D. participating companies are encouraged to contribute \$1000 annually toward the M.U.D. Group. Monies collected are used to help defray the cost of the annual meeting.

Sponsorship will be for a calendar year.

Corporate sponsors, in addition to the primary benefit of helping the M.U.D. Group operate; will also be recognized as follows:

- Prominent Signage at the January event
- Visual computer signs at the January event
- Public announcement and recognition at the January event
- Site Link at the M.U.D. Group Website year round
- Print list in the January meeting program

EXECUTIVE SPONSORSHIP

Executive sponsors, in addition to receiving all the abovementioned benefits of Corporate sponsors, will also have banners with their company's logo placed at the registration desk, in the main meeting room, and at the Gala Dinner Reception.

The fee for executive Sponsorship is \$2500.



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EVENT SPONSORSHIP

Companies wishing to sponsor part(s) of this year's annual event are encouraged to contact Eli Rowe at 917-567-7100 or via email at eli.rowe@parameds.com. Please fill out the form below and return it with your registration.

Event Sponsorships available include:

- Sunday 5:00-6:30 pm: Early Registration & Welcome Networking
- Monday Networking Continental Breakfast 7:45 to 8:45 am
- ***Monday Gala Reception Dinner 6:00 to 9:30 pm***
- Tuesday Networking Continental Breakfast 8:30 to 9:30 am
- Name Badge Holders
- Event Folders
- Giveaway Gift Items



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APPLICATION FOR SPONSORSHIP

CONTACT INFORMATION

Company Name: _____

Contact Name: _____

E-mail address: _____

Street Address: _____

City, State, Zip Code: _____

Telephone: _____

Fax: _____

Web site address: _____

_____ We will be happy to join the list of corporate sponsors for a contribution of \$1000.

_____ We will be happy to join the list of Executive sponsors for a contribution of \$2500.

_____ We want a link to our company website to be posted on the M.U.D. website.

_____ Please use the logo we submitted last year.

_____ We have submitted a logo with this application. (Please provide artwork).



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Corporate, Executive, & Event Sponsorship PAYMENT INFORMATION

Check enclosed Amount: \$ _____

Payment For: _____

Credit Card- MC, Visa, American Express

Card Number _____

Exact Name as it appears on Card _____

Expiration Date ____/____

Billing Address on Card _____

Security Code, (3 digits on the back for Visa/MC, 4 digits on front for AMEX) _____

Signature _____

SUBMIT THIS APPLICATION

Mail to:

M.U.D, Inc.
c/o Parameds.com, Inc.
P.O. Box 150243
Kew Gardens, NY 11415

MUD Tax ID: 113491419

Email to:

Eli.Rowe@Parameds.com

PLEASE RETURN THIS APPLICATION NO LATER THAN Monday, November 8, 2010 to qualify for our Early Bird Sponsorship offer.