**Sponsorship Request Form**

To be considered for sponsorship, please complete this form in its entirety and submit with any additional supporting documentation to the Michigan Medicine Sponsorship Committee at

michiganmedicine-Sponsorship@med.umich.edu.

Section 1: Information about organization

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| **Submission date**       | **Is organization a non-profit?** **Yes [ ]  No [ ]**  |
| **Requesting organization**       |
| **Contact person (and title if applicable)**       |
| **Address**       |
| **Telephone number**       | **Email address**       |
| **Website**       |

Section 2: Information About the Sponsorship Opportunity or Event

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| **Sponsorship opportunity or event**       |
| **Event location**       |
| **Event date**       | **Response deadline**       |
| **Amount requested from Michigan Medicine**       |
| **Expected attendance**       | **Last year’s attendance**       |
| **Please provide a description and history of the event or activity, including the number of years this event has taken place.**      |
| **What are the demographics of the audience for this event, activity, or sponsorship?**      |
| **Are Michigan Medicine representatives (honorees, volunteers, etc.) expected to attend? Yes [ ]  No [ ]** **If so, what is expected of them and when is the deadline to submit names?**      |
| **Is there an opportunity to submit an ad for this event? Yes [ ]  No [ ]** **If so, please describe.**      |
| **Are there sponsorship levels available? Yes [ ]  No [ ]** **Please list and define the associated benefits.**      |
| **Is there any exclusivity within sponsorship levels? Yes [ ]  No** **[ ]** **If so, please explain.**      |
| **Please list any potential conflicts of interest your organization may have with UM (i.e. UM employee on board of directors, etc.)**      |
| **List other major partners that are being sought or who have already committed. Be sure to include any commitments from the UM and Michigan Medicine.**      |
| **Has Michigan Medicine sponsored this organization or event in the past? Yes** **[ ]  No** **[ ]** **If so, when and what was the commitment?**      |
| **How will Michigan Medicine benefit from this sponsorship? Please include all tangible and intangible benefits.**      |
| **Describe how your organization and/or this event address a community health care need.**      |
| **Please detail any other information that should be taken into consideration for this request.**      |

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| **Please provide any additional pertinent information regarding this sponsorship opportunity**      |