**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](mailto: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** |