



2020 Annual Fall Conference
Thursday, October 29, 2020

Tax ID #90-0037717

Vendor and Sponsorship

Company Name _____

Contact Name _____

Names of representatives attending: _____

E-Mail _____

Address _____

_____ State _____ Zip _____

Phone _____ Fax _____

Our Company Will Support MAGIC as a _____

Sponsorship/Exhibitor Level	Sponsorship/Exhibitor Benefits
Gold Sponsor or Exhibitor \$3,000 and above	Verbal acknowledgement of sponsorship during conference introductory remarks. Acknowledgement in the conference program. Logo on the conference website. Logo in MAGIC's six Topics newsletter. Four complimentary conference registrations. Attendee list with name, City, State and organization.
Silver Sponsor or Exhibitor \$2,000 and above	Acknowledgement in the conference program. Logo on the conference website. Logo in MAGIC's October issue of Topics newsletter. Two complimentary conference registrations. Attendee list with name, City, State and organization.
Exhibitor \$1000	Recorded Ad which will be played during a conference break. One complimentary conference registration. Attendee list with name, City, State and organization.

If you are interested in providing an unrestricted grant please contact Rosemary Lobeck @ rlobeck@mnmeddir.org.

Please note: in order to be listed in conferences materials, payment must be received by October 10th. Thank you for your cooperation.

MAGIC - Fall Conference
P.O. Box 24475
Minneapolis, MN 55424

Total:\$ _____

Paid Via: Check # _____

Credit Card: An invoice will be sent via email for online payment.