2027 SIMWARS SPONSORSHIP FORM

Company Name (*as it is to appear on program material*)

Address

City State ZIP

Phone

Contact Person Contact Email

NAMES OF REPRESENTATIVE(S) TO BE PRESENT:

_____ _____

_____ _____

We are interested in the following option(s):

SIMWARS

April 22, 2027

☐ **Exhibit Booth - $600**

☐ **Gold Sponsor - $1,000**

☐ **Breakfast Sponsor - $800** *(2 of 2 Available)*

☐ **Lunch Sponsor - $800** *(2 of 2 Available)*

PLEASE NOTE: We cannot guarantee power hookup for the exhibit booths. Please keep this in mind while planning your materials.

_____ _____

Signature *Date*

Payment Method: ☐ Check ☐ Mastercard ☐ Visa ☐ American Express

Card #_____Expiration Date_____

Security Code_____ZIP of CC Billing Address_____

Cardholder's Signature_____

Make Payable:

EMRAM, 6647 West St. Joseph Hwy., Lansing, MI 48917, 517-327-5700, FAX 517-327-7530 EMRAM Tax ID # 38-3107700

Please contact the MCEP office, at mcep@mcep.org, with any questions.