

**Mid-Florida Chapter
Association of Contingency Planners
Sponsorship Form**

Name/Company _____

Contact / Member Name _____

Address _____

City/ State/ ZIP _____

Office phone _____ Mobile phone _____

Fax _____ Email address _____

Annual Sponsorship Commitment is \$500.

Monthly Sponsorship Commitment is \$100.

All Sponsorships must be paid by check.

Mail Checks to:

Mid-Florida Chapter Association of Contingency Planners
P.O. Box 2581
Orlando, FL 32802

Sponsorship includes:

Your Banner / Logo ad and link to your site on the Website: <http://midflorida.acp-international.com>

Ability to include approved "lessons learned" and "best practices" articles to be added to the Mid-Florida ACP website, related to your products and services, as they apply to business continuity, emergency management, and disaster recovery.

Ability to provide sales literature to the membership at our monthly meetings.