



THE WISCONSIN MUSIC TEACHERS ASSOCIATION
AN AFFILIATE OF THE MUSIC TEACHERS NATIONAL ASSOCIATION

CONFERENCE DONATION FORM

The Wisconsin Music Teachers Association is a recognized, non-profit corporation under section 501(c) (3) of the Internal Revenue Code. Donations may be tax deductible as permitted by law. Recognition will be given to all contributors both at the event and in the Convention On-Site Program. If you would like to become a Convention Event Sponsor, please complete the form below and return with your donation to WMTA – 1005 Quinn Drive Suite 158 – Waunakee WI 53597. Questions? Call 608-850-3566 ext. 329. **Thank you!**

Please indicate level of sponsorship:

Classifications of sponsorships (check one)

- Sponsor – \$1,000+
- Underwriter –\$501-\$999
- Donor – \$251-\$500
- Goodie Bag Promo \$35.00
- Contributor \$1-\$250

Event you wish to sponsor (check one)

- | | | |
|--|--|--|
| <input type="checkbox"/> Ensemble Programs | <input type="checkbox"/> Guest Artist Concert | <input type="checkbox"/> Performance Winners' Recitals |
| <input type="checkbox"/> Original Composition Recitals | <input type="checkbox"/> Awards Banquet | <input type="checkbox"/> Guest Artist Reception |
| <input type="checkbox"/> Session Sponsorship | <input type="checkbox"/> Past Presidents' Luncheon | <input type="checkbox"/> Business Luncheon |
| <input type="checkbox"/> Local Association Luncheon | <input type="checkbox"/> Master Class | <input type="checkbox"/> Hospitality table |

We agree to provide required information, payments, artwork and any other required materials by appropriate deadlines; The Wisconsin Music Teachers Association agrees to provide all the benefits described for this level of Sponsorship.

Please complete the following information.

Print or type the name of the Business or Individual as you wish it to appear in all promotional materials:

Name: _____ **Phone:** _____

Address: _____ **Fax:** _____

City: _____ **State:** _____ **Zip:** _____

Contact Name: _____ **Title:** _____

E-mail Address: _____ **Date:** _____

Signature: _____

Note: The company contact person will be expected to facilitate all the needs of the company for the proper execution of the specified benefits. It is expected the contact will have frequent communication with WMTA staff up until and during the Conference. Therefore, communication methods must be reliable. Please circle contact's preferred method of communications: phone or email.

PAYMENT DEADLINES

Fifty percent of payment is due June 1st

Final payment is due Sept 1st

Please make all payments to the **Wisconsin Music Teachers Association.**

FOR OFFICE USE ONLY:

Conference Contact Person:	Date Preview Party Tix Sent:
Date Contract Received:	Ticket # -through #
Date Payment Received:	Date Conference Tix Sent:
Date Acknowledgment Sent:	Ticket# through#