**SPONSORSHIP SPOTLIGHT REQUEST**

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| --- | --- |
| **ORGANIZATION NAME:** |  |
| **PRIMARY CONTACT NAME:** |  |
| **ORGANIZATION ADDRESS:** |  |
| **ORGANIZATION PHONE:** |  |
| **ORGANIZATION ADDRESS:** |  |
| **WEBSITE:** |  |

**PROVIDE A LIST OF SERVICES YOU OFFER AND THE PRIMARY TARGETED CLIENTELE SERVED**

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**LIST THE GEOGRAPHIC REGIONS/AREAS THE COMPANY SERVES**

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**CHECK ALL MARKETING CONTENT CMSA GGRK CAN POST TO PROMOTE YOUR SERVICES**

|  |  |
| --- | --- |
|  | Logo |
|  | Video |
|  | Image |
|  | Other:  |

**Please email images/ video to:** **contact@cmsaggrk.org**

**Submit testimonials and/or references below:**

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| --- | --- |
| CONTACT PERSON: |  |
| CONTACT EMAIL: |  |
| CONTACT PHONE (direct): |  |