

**MARKETPLACE 2009 SPONSOR COMMITMENT**  
 GOVERNOR'S CONFERENCE ON MINORITY BUSINESS DEVELOPMENT

Please complete this form indicating your sponsorship preferences and return to:

**Wisconsin Department of Commerce  
 Bureau of Minority Business Development  
 P O Box 7970  
 Madison WI 53707  
 (608) 267-9550**

MARKETPLACE 2009	SPONSORSHIP LEVEL	SPONSORSHIP AMOUNT	PROMOTIONAL INCENTIVES	GOVERNOR'S GUESTS
<input type="checkbox"/>	<b><i>Bronze</i></b>	<b>\$ 1,000</b>	<ul style="list-style-type: none"> <li>• Deluxe Exhibit Booth</li> <li>• Full page Ad in the Officially Program Booklet</li> </ul>	2 seats at Governor's Awards Luncheon
<input type="checkbox"/>	<b><i>Copper</i></b>	<b>\$ 500</b>	<ul style="list-style-type: none"> <li>• Half page Ad in the Officially Program Booklet</li> </ul>	1 seat at Governor's Awards Luncheon

<input type="checkbox"/>	<b><i>Exhibitor</i></b>	<b>\$ 350</b>	10' X 10' Deluxe Exhibit Booth	2 Seats at Governor's Awards Luncheon
<input type="checkbox"/>	<b><i>Exhibitor</i></b>	<b>\$ 250</b>	8' X 10' Economy Exhibit Booth	2 Seats at Governor's Awards Luncheon

<input type="checkbox"/>	We are proud to sponsor Marketplace 2009. Sponsorship amount is enclosed. Please make check payable to "Marketplace 2009"
<input type="checkbox"/>	My organization wishes to exhibit at Marketplace 2009 only. Please make check payable to "Marketplace 2009".
<input type="checkbox"/>	My organization wishes to sponsor and/or exhibit at Marketplace 2009. Please Invoice us.

Organization Name: \_\_\_\_\_  
 Authorized By \_\_\_\_\_  
 (please print name & title)

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

Signature \_\_\_\_\_