

# ***Minnesota Veterans For Cannabis***

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## **Sponsorship Registration Form**

**Date:**\_\_\_\_\_

**Name:**\_\_\_\_\_

**Company Name:**\_\_\_\_\_

**Company Address:**\_\_\_\_\_

**Contact Phone Number:**\_\_\_\_\_

**Event you wish to sponsor:**\_\_\_\_\_

**Date & Time of event:**\_\_\_\_\_

**Do you need a table:** YES\_\_\_\_\_ NO \_\_\_\_\_

**Is it Ok to use your logo on social media graphics and flyers:** YES\_\_\_\_\_ NO \_\_\_\_\_

**Please check the amount you are willing to pay for the sponsorship:**

**\$50** ☐

**\$100** ☐

**\$200** ☐

**\$500** ☐

**Other**

**Printed Name of Company Rep**

**Date Signed**

**Signature of Company Rep**