



SPONSORSHIP REQUEST FORM

YOUR INFORMATION

Name of Organization _____

Address _____

Contact _____

Phone _____ Email _____

Are you a registered charity for taxation purposes? Yes _____ No _____

EVENT/PROJECT DETAILS (leave blank if not applicable)

Date of Event _____ Estimated # of Guests _____

Purpose of Event _____

Venue for Event _____

Goods/Services Requested _____ \$ Value _____

PROMOTIONAL OPPORTUNITIES

Please provide details of how ENT Consultants will be acknowledged for their contribution: _____

Please briefly describe how your cause or event is related to or helps to improve the health of our community: _____

Please tell us any other information about why ENT Consultants should consider your request for support: _____

