



Governor's Northern Wisconsin Economic Development Summit

PARTNERSHIP AGREEMENT

Organization: _____

Address: _____

Phone: (_____) _____ FAX: (_____) _____

Contact Person: _____

E-Mail: _____

PARTICIPATION LEVEL: (Please check one)

PRINCIPAL PARTNER \$750.00

PREMIERE PARTNER \$250.00

If you are participating in a cooperative sponsorship, please give the organization and contact name of your sponsorship partner: _____

As a sponsor or partner of the Northern Wisconsin Economic Development Summit, our organization agrees to a contribution in the amount of \$_____. We understand that commitments must be made no later than December 1, 2011 and contributions must be submitted before December 5, 2011.

Partner Representative Signature

Date

If other arrangements are necessary or you require further information on the enclosed materials, please call Dawn Zanoni, 608/266-3978, at the Department of Tourism.

Partnership agreements can be mailed to:

WACVB

Attn: Dawn Zanoni

PO Box 8690

Madison, WI 53708-8690

Please make checks payable to WACVB.