



OFFICE USE ONLY:
 Date Rec'd: _____ Check Rec'd: _____ Check No. _____

PARTNERSHIP FORM

Our company/corporation would like the following MVC Partnerships:

- Diamond Partner - \$20,000 * Room Name _____
- Platinum Partner - \$15,000 * Room Name _____
- Gold Partner - \$10,000 * Room Name _____
- Silver Partner - \$7,500 Date: _____
- Bronze Partner - \$5,000 Date: _____

* Description of Hospitality rooms are available on the Web at www.mvc2009.com. Room assignments will be based on the order of receipt of application and payment.

Our partnership commitment is \$ _____

Enclosed with this form is our check for the amount indicated above.

-----OR-----

Check will be mailed by (date) _____

CHECK MUST BE RECEIVED BY MARCH 1, 2009.

Conference Registrations with MVC Partnerships:
 Diamond partner receives 4 conference registrations .
 Platinum partner receives 3 conference registrations .
 Gold partner receives 2 conference registrations .
 Silver and Bronze partners receive 1 conference registration.

** One additional conference registration will be given to Diamond, Platinum, Gold, Silver and Bronze partners if Partnership Form is received prior to January 16, 2009, and payment is received by February 16, 2009.

 Name for Partnership conference registration

 Name for additional partnership conference registration if form is received prior to January 16, 2009 and payment is received by February 16, 2009.

 Authorized Company Signature

 Date

 Company Name

 Company Mailing Address

 Company Mailing Address (cont.)

 Company Phone Number

Please indicate below the contact person to receive all information pertaining to the MVC Partnership

 Contact Name and Title

 Contact Mailing Address (if different from above)

 Contact Phone Number

 Contact Fax Number

 Contact E-Mail Address

For additional information contact:
 Jan Pohl, MDOT
 Phone: (517) 373-9571
pohlj@michigan.gov

Please send completed Partnership Form and check payable to "Mississippi Valley Conference" to: Michigan Department of Transportation
 Attn: Jan Pohl – 2009 MVC
 P.O. Box 30050
 Lansing, Michigan 48909

-----OR-----

Fax this form to Michigan DOT at (517) 373-8841 with check to be mailed by March 1, 2009.

PLEASE SEND YOUR COMPANY LOGO in high resolution file formatted as a jpeg, eps, or tif to Kris Hart at MDOT: hartk@michigan.gov