**Sponsorship Request Form**

Submit this completed form to recorder@parid.org at least 90 days prior to the event.

Incomplete and late forms will not be considered.

**To be completed by Requestor:**

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| **Requestor’s Name:** | **PARID District # where event is happening:** |
| **PARID Member? YES or NO** |
| **Host organization name *(if applicable)*:** | **Event Date and Time:** |
| **Requestor’s email address, address & phone number: *(check will be mailed here)*** | **Event Location:** |

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| **Event Description & Objectives (i.e., workshop, conference):****Please attach additional supporting documentation.** |

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| **What is being requested from PARID?**  |

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| **Are there other sponsors? If so, who?** |

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| **What benefit(s) will PARID and its members receive?** |
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| **How does this request align with PARID’s philosophy, goal, and mission?**  |

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| **Questions & Checklist for Sponsorship Requests** |
| Form completed/submitted at least 90 days before the event. |  |
| Detailed Event Information attached |  |
| Event Pricing Structure attached (PARID member price noted) |  |
| Draft advertisement/program/documents attached |  |
| Has advertising already begun for this event? | **YES** or **NO** |
| Is CEU processing, by PARID, being requested for this event? | **YES** or **NO** |

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| **To be completed by PARID Recording Secretary:** |
| Date Received: |  |
| Request Status: | **APPROVED / DENIED** |
| Board Decision Date: |  |
| Motion Number *(if applicable)*: |  |
| **APPROVED REQUESTS ONLY** |
| Check # & Date Sent: |  |
| If CEU processing is requested – Date this approved request was emailed to CMP Coordinator & requestor for follow up: |  |
| *This form should be kept in the recording secretary’s electronic files.* |