

SPONSORSHIP RECOGNITION

Do you want the name of your company used for promotional purposes? ____Yes ____No

If yes, how should your organization's name appear in materials and on signage?

Please provide the name and phone number of the contact person from your organization to whom questions regarding this sponsorship program should be addressed:

(Name) _____

(Title) _____

(Phone) _____

Please describe any additional considerations or special requests regarding your sponsorship that you would like us to accommodate: _____

We have read and agree to the above stipulations.

Signature: _____

Date: _____

Printed Name: _____

Title _____

RETURN

Please return the last two pages of this packet to:

ATTN: FILM FACTORY
Jodi S. Klebick, Executive Director
Steeltown Entertainment Project
4802 Fifth Avenue, 2nd Floor
Pittsburgh, PA 15213

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FX: 412.622.6443

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