



Colorado Montessori Association
Giving Montessori a Voice in Colorado

The Colorado Montessori Association Presents:

No....Where are you FROM from?" : Identity and Intersectionality

May 4, 2019

Denver Montessori Junior/Senior High School

Contact: Michel Friberg- Michel@coloradomontessoriassociation.org

\$5,000 – Children’s House Sponsorship (1)

Available Benefits:

- Two complementary registrations to attend CMA’s 2019 Spring Conference
- Event Signage
- Priority booth space near Registration
- Introduction and brief speech before Keynote speaker
- News release recognition
- Social media and website presence/recognition including a link and logo
- Newsletter recognition
- Full-page color Ad in attendees folder
- Organization logo with link to organization on the conference website sponsorship page
- Item(s) in swag bag

\$2,500 – Absorbent Mind Sponsorship (1)

Available Benefits:

- One complementary registration to attend CMA’s 2019 Spring Conference
- Event Signage
- Introduction and brief speech before Keynote speaker
- News release recognition
- Social media and website presence/recognition including a link
- Newsletter recognition
- Organization logo with link to organization on the conference website sponsorship page
- Item(s) in swag bag

\$ 1,000 – Grace and Courtesy Sponsorship (2)

Available Benefits:

- Event Signage
- News release recognition
- Social media and website presence/recognition including a link
- Newsletter recognition

\$ 500 – Prepared Environment (2)

Available Benefits:

- Social media and website presence/recognition including a link
- Newsletter recognition

Sponsorship Form

I/my company want(s) to be a Sponsor:

- \$5,000 – Children’s House Sponsorship (1)
- \$2,500 – Absorbent Mind Sponsorship (1)
- \$1,000 – Grace and Courtesy Sponsorship (2)
- \$500- Prepared Environment (2)

Please fill out the application below and scan/email it to info@coloradomontessoriassociation.org or fill out the online application at www.coloradomontessoriassociation.org

Please list us in promotional materials as follows:

Name: _____ Title: _____

Company Name: _____

Address: _____

City/State/Zip: _____

Phone: _____ E-mail: _____

Signature: _____

Who is your contact for invoicing and logo/and benefits information (if different from above)?

Name: _____

Phone: _____ E-mail: _____

Payment Options:

Check- PO Box 473541, Aurora, CO 80047

Please send invoice to pay using Paypal