



DRIE Toronto Sponsorship Application

Payment Information:

Please submit a cheque to the following address:

Disaster Recovery Information Exchange Toronto
157 Adelaide St. West
Box #247
Toronto, Ontario, Canada
M5H 4E7

Level of Sponsorship: (click in the box)

- National \$5700 (4 Memberships)
- Silver \$1000 (2 Memberships)
- Gold \$2000 (7 Memberships)
- Bronze \$500 (1 Membership)

To help us setup your account please provide the following information to: sponsorship@toronto.drie.org

Sponsor Company Name: _____ **Date:** _____

Industry Sector: _____ Choose an item. _____

Sponsor Company Web Site: _____

Company logo provided (jpg formal please): Yes attached

Sponsor Company Address & Primary Contact:

(Note: This contact will be displayed on the web site with the company logo.)

Name: _____	Title: _____
Email: _____	B Phone: _____
	Mobile: _____
Role: _____ Choose an item. _____	Field: _____ Choose an item. _____
Street Address: _____	
Street Address: _____	P.O. Box _____
City: _____	Province: _____
Postal Code: _____	



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Company Description:

Please provide a description of the services you offer along with your company logo and contact information for inclusion on the DRIE Toronto Web Site.

Description (maximum 500 characters):

List of Membership Holders included as part of your membership:

Each sponsorship level comes with a number of DRIE Toronto memberships. Please provide contact information for the membership holders that you wish to assign. Note: National includes 4 memberships, Gold includes 7, Silver includes 2 and Bronze includes 1.

Member 1

Address same as above

Name: _____ Title: _____

Email: _____ B Phone: _____

Mobile: _____

Role: Choose an item. Field: Choose an item.

Street Address: _____

Street Address: _____ P.O. Box _____

City: _____ Province: _____

Postal Code: _____

Member 2

Address same as above

Name: _____ Title: _____

Email: _____ B Phone: _____

Mobile: _____

Role: Choose an item. Field: Choose an item.

Street Address: _____

Street Address: _____ P.O. Box _____

City: _____ Province: _____

Postal Code: _____



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Member 3

Address same as above

Name:	_____	Title:	_____
Email:	_____	B Phone:	_____
	_____	Mobile:	_____
Role:	<u>Choose an item.</u>	Field:	<u>Choose an item.</u>
Street Address:	_____		
Street Address:	_____	P.O. Box	_____
City:	_____	Province:	_____
Postal Code:	_____		

Member 4

Address same as above

Name:	_____	Title:	_____
Email:	_____	B Phone:	_____
	_____	Mobile:	_____
Role:	<u>Choose an item.</u>	Field:	<u>Choose an item.</u>
Street Address:	_____		
Street Address:	_____	P.O. Box	_____
City:	_____	Province:	_____
Postal Code:	_____		