

Sponsor/Speaker Request



ARMC receives many requests each year from the community. We ask candidates to fill out this form at least 6 weeks in advance. If your request is accepted a staff member will contact you. Thank you for your interest!

Contact Information

Name of Organization	
Street address	
City, ST, ZIP Code	
Contact person	
Contact phone number	
Contact e-mail address	

Request Type

(Check all that apply): **Note:** For sponsorship requests please attach sponsorship dollar-levels.

- Financial Sponsorship Speaker for school career day (Physician Nurse other staff)
 Donation of materials Health presentation (Physician Nurse other staff)
 Exhibitor Other (Tours, etc.): _____

Request Details

Please provide us with some additional details:

Name of the event you are having: _____

Date and time of the event: _____

Cost for participants: _____ Cost for exhibitors: _____

Location of the event: _____

Who will be attending? (target audience): _____

Number of participants expected: _____

Purpose or goal of this event: _____

Description of the event: _____

Is this the first year you are having this event? (if not specify how many years): _____

Which county is served by your event? _____

Which cities are served by your event? _____

Additional Details

Is your organization a non-profit? Yes No Tax ID: _____

Will ARMC receive recognition for its participation? Yes No

If yes, what form of recognition? _____

Has ARMC provided support for this in the past? _____

Deadline for advertisement/materials: _____

Email completed form to: marketing@arrowheadmedcenter.org