Diagram, text

Description automatically generated

**2023 TPE Membership & Conference Sponsorship Form**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **INDIVIDUAL MEMBERSHIP** | | | **STUDENT MEMBERSHIP** | | | |
| ***$75 per year*** | | | ***$25 per year for undergraduate students*** | | | |
| Name: |  | | | | | |
| Employer or School: |  | | | | | |
| Address: |  | | | | | |
| City: |  | State: |  | | Zip Code: |  |
| Telephone: |  | Email: | |  | | |
| Primary Sector: (circle one) | |  |  | |  |  |
|  | Business |  | Education | |  | Health Care |
|  | Government |  | Nonprofit | |  | Student |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **ORGANIZATIONAL MEMBERSHIP/CONFERENCE SPONSORSHIP** *(circle selections)* | | | | | | | | |
| **ORGANIZATIONAL MEMBERSHIP (one-year)** | | | | **CONFERENCE SPONSORSHIP** | | | | |
| K-12 Education | | $500.00 | | Presenting Sponsor | | | $10,000.00 | |
| Sole Proprietorship | | $500.00 | | Platinum Sponsors | | | $5,000.00 | |
| Small Organization (<99 employees) | | $1,000.00 | | Gold Sponsors | | | $4,000.00 | |
| Medium Organization (100 - 499) | | $2,500.00 | | Silver Sponsors | | | $3,000.00 | |
| Large Organization (500+ employees) | | $5,000.00 | | Bronze Sponsors | | | $2,000.00 | |
|  |  |  | | Individual Sponsors | | | <$1,999.00 | |
| Organization: |  | | | Contact: |  | | | |
| Address: |  | | | | | | | |
| City: |  | | State: |  | | Zip Code: | |  |
| Telephone: |  | | Email: |  | | | | |
| Primary Sector: (circle one) | | |  |  | |  | |  |
|  | Business | |  | Education | |  | | Health Care |
|  | Government | |  | Nonprofit | |  | |  |

***See next page for payment information.***

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **DONATION – Organization or Individual** | | | | | | | | |
| Amount of Donation: | $ | | | | | | | |
| Name: |  | | Organization: | | |  | | |
| Address: |  | | | | | | | |
| City: |  | State: | |  | | | Zip Code: |  |
| Telephone: |  | Email: | | |  | | | |
|  | |  | |  | | |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **PAYMENT INFORMATION** | | | | |
| **Category of Payment:** (Circle All that Apply) | | | | |
| Individual/Student Membership | | Organizational Membership | Conference Sponsorship | Donation |
| **Method of Payment:** | | | | |
|  |  | Please invoice my organization for $\_\_\_\_\_\_\_\_\_\_\_\_ | | |
|  |  | Check Enclosed (payable to The Partnership for Excellence) | | |
|  |  | Credit Card (an electronic invoice will be emailed for online payment) | | |
|  | |  |  |  |

**Please mail this completed form to:**

The Partnership for Excellence, 829 Bethel Road #212, Columbus, OH 43214

**or scan and email to:** [margot.hoffman@partnershipohio.org](mailto:margot.hoffman@partnershipohio.org)