

**2023 TPE Membership & Conference Sponsorship Form**

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| **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 |

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| **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.***

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

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| **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