



**APA California Northern
CO-SPONSORSHIP REQUEST FORM**

Refer to sponsorship policy for adopted policy and criteria. Publicity for co-sponsored events shall acknowledge APA California Northern as a co-sponsor and display its logo as shown above.

Board Contact Person: _____

Name of Organization: _____

Title of Event: _____

Event Date: _____

Event Duration: _____ **Start Time:** _____ **End Time:** _____

Event Location: _____

Event Contact: _____

E-mail: _____

Phone: _____

Description of Event *(including goals/purpose):*

Benefits for APA California Northern Members:

Event Website *(if applicable):* _____

Registration Cost *(if any):* _____

Type of Co-Sponsorship Requested: *(check all that apply)*

- AICP Certification Maintenance (CM) Credit**
Number of Credits (1-hour instruction = 1 credit): _____
- Publicity/Advertising**
Explain as needed: _____
- Volunteers/Organizational Support**
Explain as needed: _____
- Financial Assistance (see below also)***
Amount Requested: _____
- Other**
Explain: _____

List Other Sponsors and Financial Contribution (if known):

Other Comments (if needed):

***Complete below only if financial assistance requested:**

How will funds be used?

Additional Benefits for APA California Northern Members: *(check all that apply)*

- Discounted/Free Registration**
Explain: _____
- Other Financial Incentive**
Explain: _____
- Article/Photographs for Northern News**
Explain: _____
- Other Benefit(s)**
Explain: _____