Upham's Corner Main Street

"Innovation in Upham's Corner"

Participation Opportunities

Participant Information:

Company Name/Individual (exactly as you would like it to appear in event materials):						
Contact Person:						
Website:			Email:			
Address:						
City:	State:				Zip Code:	
Phone:			Fax:			
Sponsorship Levels: ☐ Lead Sponsors	\$10,000	□P	Patrons	\$1,000	□Partners	\$100
☐ Corporate Sponsors	\$5,000		Contributors	\$500	\square Friends	\$
\square Benefactors	\$2,500	□s	ponsors	\$250		
Program Book Design: ☐ I will design my own program book listing and submit to UCMS by June 5 st (Black & White PDF preferred) ☐ I request that UCMS design my program book listing and include the following business information: ☐ Business Name ☐ Address ☐ Phone Number ☐ Website ☐ Email ☐ Contact Name ☐ Fax Number ☐ Include the additional text:						
Ad Size: □Full Page (4.5"X Tickets: (in addition to tick □I would like to receive Payment: □ Enclosed is my contribution	ets included with o	any s _i	ponsorship bene	fits)		
"Uphams Corner Main St ☐ Please send all invoice of		y atte	ention			
Please submit all information	ributions to:	P.O. Box 25	Corner Main Street 155917 er, MA 02125			

(617) 256-0363 ucmsinbox@gmail.com