



THE MICHIGAN COUNCIL OF PRIVATE INVESTIGATORS AND
THE COUNCIL OF PRIVATE INVESTIGATORS ONTARIO



SPONSORSHIP AND ADVERTISING OPPORTUNITIES

October 2-3, 2008

Detroit, Michigan / Windsor, Ontario

EVENT SPONSOR

\$1,000

Prominent signage throughout the conference, material placed in attendee packet, opportunity to address attendees at the Friday lunch, acknowledgement in the program and a full page ad in the conference program.

DINNER SPONSOR

\$500

Signage at the breakfast, materials placed in attendee packet, acknowledgement in the program and a 1/2 page ad in the program.

BREAKFAST

\$250

Signage at the breakfast, materials placed in attendee packet, opportunity to address the attendees at breakfast, acknowledgement in the program and a ¼ page ad in the program.

LUNCH SPONSOR

\$250

Signage at the lunch, materials placed in attendee packet, opportunity to address the attendees at lunch, acknowledgement in the program, and a ¼ page ad in the program.

BREAK(S)

Thursday or Friday

\$100

Signage at the break, material placed in the attendee packet, acknowledgement in the program, and a business card size ad in the program.

VENDOR TABLE TOP DISPLAYS

\$300

Vendor table includes 1 person for meals Thursday and Friday.
Includes: Draped table and 2 chairs.

CONFERENCE PROGRAM ADVERTISING RATES

Please email your copy ready ad, art and/or text to nicole@julianvail.com by **September 22, 2008**.

Business card size	\$25
¼ page	\$50
½ page	\$75
Full page	\$100

**Placement options available, please contact us for more information.*

PLEASE CHECK AND COMPLETE ALL APPLICABLE ITEMS: *(Please Note this is in U.S. Dollars)*

Sponsorship Total \$ _____ Sponsorship Type: _____
 Vendor Table Total \$ _____ # of Additional Guests: _____
 Advertising Total \$ _____ Advertisement Size: _____

Name: _____

Company: _____

Address: _____

City: _____ State/Province: _____ Zip/Postal Code: _____

Phone: _____ Fax: _____

Email: _____

Total amount: \$ _____ Check # _____ Visa MasterCard American Express

Card Number: _____ Exp: _____ CID# _____

Cardholder Name: _____

Card Billing Address: _____

Signature: _____

Please make checks payable to MCPI and mail with completed form to:
MCPI | 235 North Pine Street | Lansing, Michigan 48933 | (800)266-MCPI or 517-482-0706 (Canada)
Or fax with credit card payment to: MCPI | (517) 372-1501



THANK YOU FOR YOUR CONTRIBUTION!