



Tallahassee Orthopedic Clinic
Sponsorship Request Form

Please include all relevant event documentation when submitting this request form.

COMPANY INFORMATION		
Name of Organization		
Street Address		
City	State	Zip
Website Address		
Phone Number	Fax Number	
REQUEST DETAILS		
Please provide a description of your request, including specific details on how success will be measured (Limit 600 Characters):		
Are any other orthopedic providers currently sponsoring this request? Select		
Please explain how this sponsorship benefits the community and TOC (Limit 600 Characters):		
If this event is a sporting event, are you interested in receiving medical coverage provided by TOC? Select		
How many people in TOC's service area will directly and/or indirectly benefit from this program?		
What similar programs exist in this area?		
Sponsorship Deadline		
Dollar Amount Requested		
If you need our logo, what format do you prefer (TIF, EPS, JPG)?		
Dimensions/sizing required for signs, banners, billboards, etc:		
If you need goody bag items, what is the requested quantity?		
If you have additional information, please comment:		
CONTACT INFORMATION		
Name of Company Contact		
Are you a TOC Employee? Select	Is there a TOC employee on your board/committee? Select	
Contact Phone Number	Contact Email	