
THE HOSPITALITY &
TOURISM MANAGEMENT

Annual Event Sponsorship Package

SPONSORSHIP RESPONSE FORM

We are pleased to commit: \$ _____

We would like to be listed as: _____

(Please list the name of the company or individual, as it should appear in printed materials.)

CONTACT INFORMATION

Name: _____

Title: _____

Company: _____

Address: _____

Phone: _____

Email: _____

PAYMENT INFORMATION

Method of Payment:

Check (payable to UMass Amherst, Memo: 2020 Annual Event Sponsorship Package)

Visa

MasterCard

Amex

Card Number: _____

Expiration Date: _____ / _____ CCV Code: _____ Total Amount: \$ _____

Signature: _____

PLEASE SEND FORM AND PAYMENT TO:

Hospitality & Tourism Management Corporate Sponsorship

Isenberg School of Management, UMass Amherst

Attn: Financial Manager Room 221

121 Presidents Drive

Amherst, MA 01003

For questions, please call 413-545-4049