



**Coulee Medical Center's Gathering of Wellness
Powwow & Health Fair
Sponsorship Registration Form**



SPONSOR NAME:		
PRIMARY CONTACT NAME:		TITLE:
ADDRESS:		
CITY:	STATE:	ZIP:
PHONE:	FAX:	
EMAIL:		
WEBSITE ADDRESS:		

SPONSORSHIP LEVEL: (PLEASE CHECK ONE)

- | | |
|--|---|
| <input type="checkbox"/> EAGLE- \$3,000 (or above) | <input type="checkbox"/> ELK- \$2,000 to \$2,999.99 |
| <input type="checkbox"/> DEER- \$1,000 to \$1,999.99 | <input type="checkbox"/> SALMON- \$100 to \$999.99 |

PAYMENT METHOD: (PLEASE CHECK ONE)

- MY CHECK MADE OUT TO COULEE MEDICAL CENTER IS ENCLOSED.
- PLEASE INVOICE ME.
- PLEASE CHARGE MY CREDIT CARD INFORMATION BELOW.

CARD TYPE: (CIRCLE ONE) VISA MASTER CARD AMERICAN EXPRESS DISCOVER

NAME ON CARD: _____ **CARD NUMBER:** _____

EXPIRATION DATE: _____ **CVV CODE ON BACK:** _____ **BILLING ZIP CODE:** _____

CHARGE AMOUNT: _____

PLEASE RETURN THIS FORM BY MAIL OR EMAIL TO:

**Coulee Medical Center
ATTN: Shoshannah Palmanteer
411 Fortuyn Road
Grand Coulee, WA 99133
PHONE: (509) 633-6341 EMAIL: cmcpowwow@cmccares.org**