



Montana Wyoming Tribal Cancer Summit
September 8-9, 2010
Great Falls, MT



Cancer Summit Partners Sponsorship Commitment Form

Instructions: Please Print

Name & Title: _____

Tribe or Org: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____ Signature: _____

Sponsorship Amount

Please circle or state the amount below:

\$200 \$500 \$1,000 Other Amount: \$ _____

Check box if you prefer to sponsor in another way

Please specify other ways: _____

Make checks payable to: *Montana Wyoming Tribal Leaders Council*****
CONFERENCE PARTNERS WILL BE RECOGNIZED IN PRINT

On Behalf of the Montana and Wyoming Tribes, I thank you for your partnership and support in pursuing the health of American Indians in Montana and Wyoming.

*Appreciated, Gordon Belcourt MPH, PhD,
Executive Director MTWYTLC*

Please fax the signed completed form to: Cheryl Nagel
E-mail: cnagel@mtwytlc.com; phone: 406-252-2550; Fax: 406-254-6355
Or mail: MTWYTLC/Cancer Summit , 222 North 32nd Street, Suite 401,Billings, MT 59101