

EVENT SPONSORSHIP FOR COMMISSION APPROVAL

PRIMARY SPONSOR:
NAME OF EVENT:
PURPOSE:
DATE(S) AND LOCATION:
DIVISION:
ESTIMATED COST OF SPONSORSHIP: \$ # of OCC staff involved: Cost of Registration for OCC staff: \$ Cost of Supplies/Equipment: \$ # of Registrations included in sponsorship:
FUNDING SOURCE(S):
COMMENTS:
DIVISION DIRECTOR SIGNATURE/DATE:

For Administration Division Use Only:

Received on:

Commission Action/Date: