



Sponsorship Request and Follow-Up Form

Guideline: The Firm will generally consider contributions for client-related requests at a level of ½ % of the prior year's fee collections.

Sponsorship Request Process

- Complete below Sponsorship Request and Follow-Up Forms
- All sponsorship requests require PGL, Marketing Director and Firm Managing Partner approval
- Reminder: All supporting documents must be provided.

SUBMIT THE COMPLETED PACKAGE TO MARKETING@shutts.com

Requesting Attorney Name: _____ Date: _____

Practice Group: _____ Office: _____

TOTAL AMOUNT REQUESTED: _____

Name of Organization/Event Information:

<p><u>Reason for Request:</u></p> <p><input type="checkbox"/> Client Request Fee Collections for prior year: _____ x .005 = _____</p> <p><input type="checkbox"/> Community Good Will <input type="checkbox"/> Attorney Involvement Please provide details: _____</p> <p><input type="checkbox"/> Firm Professional or Business Focus</p>	<p><u>Details on the sponsorship opportunity (check all that apply):</u></p> <table border="0"><tr><td><input type="checkbox"/> Advertisement</td><td><input type="checkbox"/> Organizational Event</td></tr><tr><td><input type="checkbox"/> Bar Event</td><td><input type="checkbox"/> Sporting Event</td></tr><tr><td><input type="checkbox"/> Community Event</td><td><input type="checkbox"/> Table # seats _____</td></tr><tr><td><input type="checkbox"/> Cultural Event</td><td><input type="checkbox"/> Tickets</td></tr><tr><td></td><td><input type="checkbox"/> Other:</td></tr></table> <p><u>Who to Charge:</u></p> <table border="0"><tr><td><input type="checkbox"/> Office</td><td>OR</td><td><input type="checkbox"/> Attorney T&E</td></tr><tr><td>Office Name: _____</td><td></td><td>Attorney Name(s): _____</td></tr><tr><td></td><td></td><td>_____</td></tr><tr><td></td><td></td><td>_____</td></tr></table>	<input type="checkbox"/> Advertisement	<input type="checkbox"/> Organizational Event	<input type="checkbox"/> Bar Event	<input type="checkbox"/> Sporting Event	<input type="checkbox"/> Community Event	<input type="checkbox"/> Table # seats _____	<input type="checkbox"/> Cultural Event	<input type="checkbox"/> Tickets		<input type="checkbox"/> Other:	<input type="checkbox"/> Office	OR	<input type="checkbox"/> Attorney T&E	Office Name: _____		Attorney Name(s): _____			_____			_____
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<input type="checkbox"/> Office	OR	<input type="checkbox"/> Attorney T&E																					
Office Name: _____		Attorney Name(s): _____																					

Please list the names and titles of firm attorneys/personnel and/or clients who have **committed** to attend the event: (REQUIRED PRIOR TO APPROVAL)



Has the Firm participated in the past? ☐ Yes ☐ No

At what level did we sponsor this event in prior years? Please include amount.

Any additional comments regarding this sponsorship request?

Requested by – Print Name

Approval Signature, Practice Group Leader

Requested by Signature

Approval Signature, Marketing Director

Approval Signature, Firmwide Managing Partner

(PLEASE COMPLETE AFTER THE EVENT/SPONSORSHIP OPPORTUNITY)

Note: Completed follow-up form required to be considered for sponsorship support in the future.

List the Firm attorneys/personnel and/or clients who attended this event:

Should Shutts & Bowen sponsor this event again? ☐ Yes ☐ No

Overall impression of the event:
