



## PROGRAM OVERVIEW

Program/Event Title:

Program/Event Location:

Venue Name:

Program/Event Date(s):

Program/Event Time:

Target Audience:

Estimated Number of Attendees:

Please provide information about rationale for the estimated number.

Please provide details about the planned audience recruitment process.

Sponsorship Amount Requested from Stealth:

Will there be other commercial supporters of this program?

YES

NO

Total Funding Needed for Program:

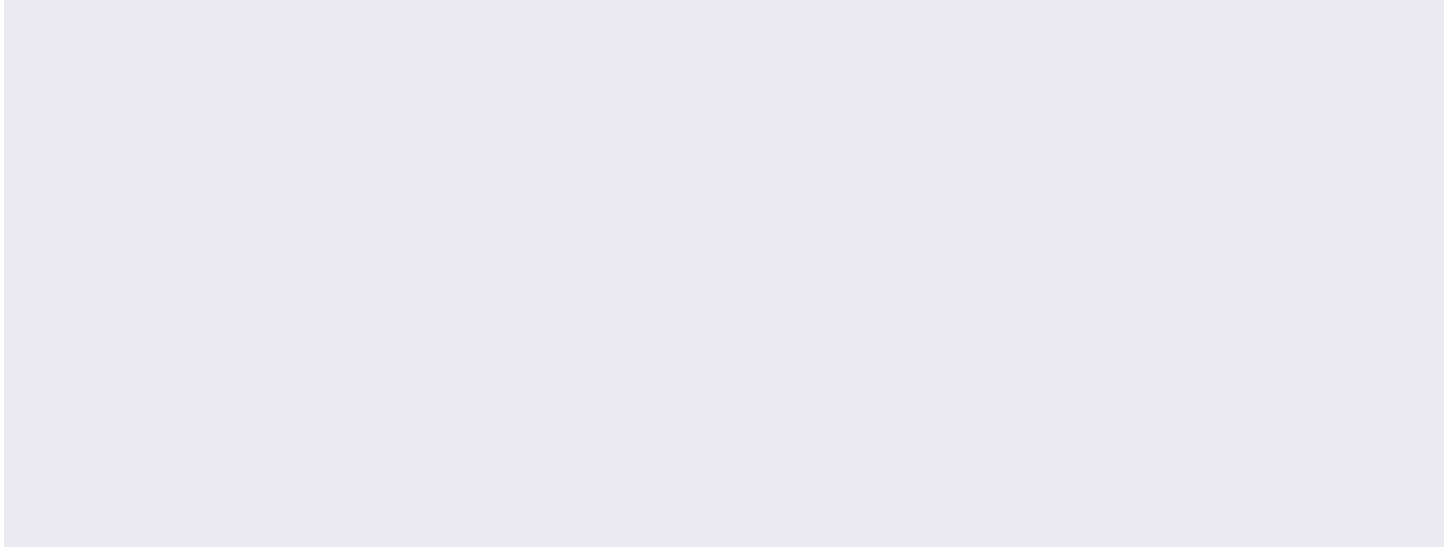
Are Stealth representatives able to attend this program?

YES

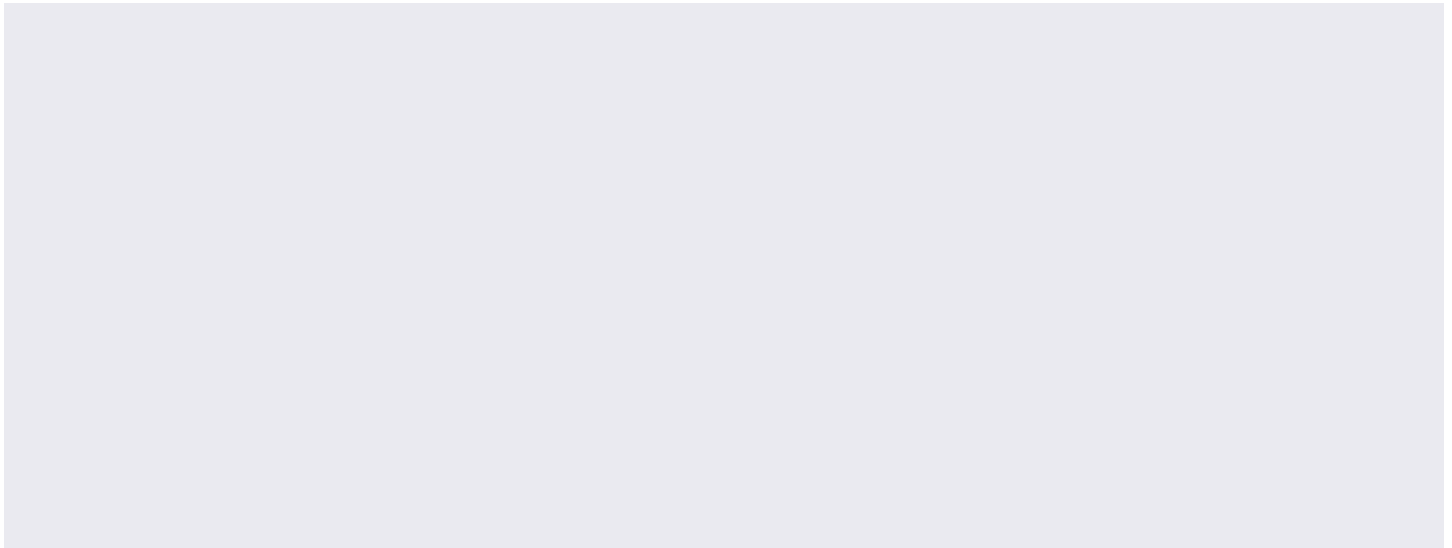
NO

## PROGRAM DETAILS

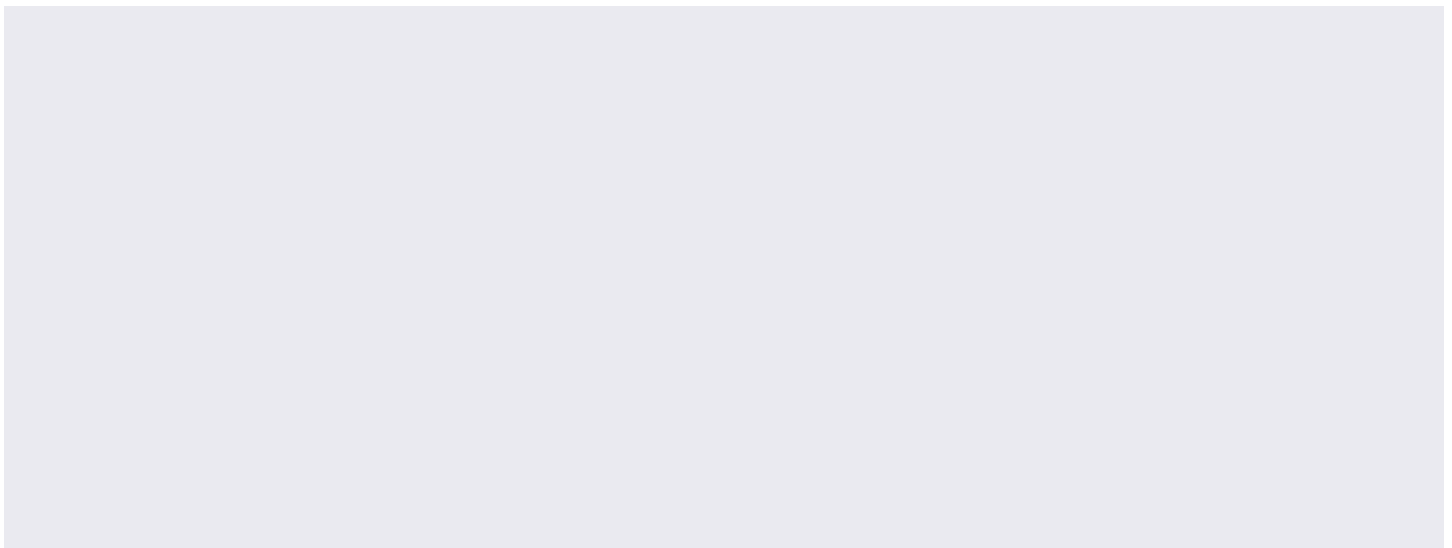
Program/Event Description:



Agenda:



Outline supporter acknowledgment opportunities (including ad in event booklet, etc.)



Email completed forms to: **[Sponsorship@StealthBT.com](mailto:Sponsorship@StealthBT.com)**

Please attach a W-9, W-8 or W-8BEN-E and any other additional information.