



28th Annual Congress SPONSORSHIP CONTRACT



SPONSORSHIP ITEM OR EVENT: _____

(Please use one form per sponsorship; if you are sponsoring multiple items, please use a separate form for each)

Please Check Level of SPONSORSHIP: Platinum Gold Silver Bronze

SPONSORSHIP COST: _____

SPONSOR: _____

Company Name: _____

Address: _____

City/State/Zip: _____

Contact Person for this Sponsorship: _____

Phone: _____ **Fax:** _____ **Email:** _____

Accounting Contact: _____

Phone: _____ **Fax:** _____ **Email:** _____

Method of Payment:



American Express



Discover



MasterCard



VISA

Card # _____

Exp. Date: _____

Cardholder's Name: _____

Signature of cardholder: _____

OR

Invoice my company at the address above, to the attention of "Contact Person." This sponsorship must be paid in full by December 4, 2009, or sponsorship may be reassigned and/or certain sponsorship benefits denied. By requesting to be invoiced, my company agrees to abide by these terms.

Agreed to in good faith by:

Signature of Authorized Sponsor Representative

Date

Accepted and Assigned by:

APA Representative

Date

PLEASE FAX COMPLETED CONTRACT TO 210-568-4078.

Questions? Call 210-226-4600 ext. 2209 or email vendorrelations@americanpayroll.org