



30th 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: _____

SPONSORING COMPANY: _____

Address: _____

City/State/Zip: _____

Contact Person for this Sponsorship: _____

Phone: _____ Fax: _____ Email: _____

Method of Payment

ALL ITEMS WILL BE INVOICED. NOTE: This sponsorship must be paid in full by **November 11, 2011**, or sponsorship may be reassigned and/or certain sponsorship benefits denied.

Check – Payment due upon receipt of invoice.

Please provide contact information for billing:

Contact Name: _____ **Contact E-mail:** _____

Billing Address: _____

Contact Phone: _____

Credit Card – American Express, MasterCard, or Visa

A Credit Card Authorization Form will be e-mailed for completion.

Please provide contact information for Credit Card:

Contact Name: _____

Contact E-mail: _____

Contact Phone: _____

Agreed to in good faith by:

Printed name of Authorized Sponsor Representative

Signature of Authorized Sponsor Representative

Date

Accepted and Assigned by:

Printed name of APA Representative

APA Representative

Date

PLEASE FAX COMPLETED CONTRACT TO 210-568-4078.

Questions? Call 210-226-4600 or email vendorsupport@americanpayroll.org