**SPONSORSHIP FORM**

**Annual Sponsor**
- □ Honors Sponsor ................. $25,000
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**Conference a la carte Options**
- □ ________________________________ $________
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- □ ________________________________ $________
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**Total Amount Due:** _____________________

**Payment Information**
(All payments made in U.S. funds - check one)
- □ Check (made payable to NCSSS)
- □ Visa
- □ MasterCard
- □ American Express

Cardholder Name

Card Number & Expiration Date

Billing Address

City, State, Zip

Amount

Acceptance of this application by NCSSS constitutes a contract.

Authorized Signature ________________________________ Date _____________

**Contact Information**
(as it should appear on all marketing materials)

Company

Name

Title

Address

City, State, Zip

Phone

E-mail address

Website URL

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**Email this form to:**

Beth Hartgen
beth.hartgen@ncsss.org

If you have any questions, please contact:

Beth Hartgen
202-643-0830
beth.hartgen@ncsss.org