

Sponsor / Vendor/ Advertisement Form

DATE:

First name _____ Last name _____

Corporate name : _____

Email _____ Phone _____

City _____ State _____ Zip _____

Country _____

MEMBER OF AFFILIATE
NAME: _____

PARTICIPATION:

COST:

- | | |
|--|-------|
| <input type="checkbox"/> EVENT _____ | _____ |
| <input type="checkbox"/> WORKSHOP _____ | _____ |
| <input type="checkbox"/> VENDOR SPACE _____ | _____ |
| <input type="checkbox"/> ADVERTISING | |
| <input type="checkbox"/> BUSINESS CARD _____ | _____ |
| <input type="checkbox"/> 1/4 PAGE AD _____ | _____ |
| <input type="checkbox"/> 1/2 PAGE AD _____ | _____ |
| <input type="checkbox"/> FULL PAGE AD _____ | _____ |
| <input type="checkbox"/> ATTACH LOGO _____ YES _____ | |

TOTAL _____

Advertising Specifications : jpeg, pdf format 300dpi

ADS SUBMISSION DEADLINE JUNE 15th

PLEASE BILL ME **Email:** _____

Your invoice will be emailed and can be paid online by credit card or Please mail payments to NFBPWC Treasurer Gloria Flores 13443 Spyglass Hill Ct Horizon City, TX 79928 Payable to NFBPWC

PLEASE RETURN THIS FORM TO : sponsoring@nfbpwc.org