

Contract for Sponsorships

EVENT: _____ Cost: _____

DATE OF EVENT: _____

Company: _____

Company Representative: _____

Contact Person: _____

Address: _____

City: _____ State _____ Zip _____

Phone: _____ Fax: _____

Email: _____

Authorized Personnel Signature: _____

PAYMENT:

Check # _____ Credit Card circle one: American Express MasterCard Visa Discover

Please make checks payable to: EMAG

Credit Card Number: _____

Exp. _____ Security Code: _____

Print Name of Cardholder (print): _____

Cardholder's billing address: _____

Cardholder's email address: _____

Phone: _____

Signature: _____

Return form to:

Diana Wright, Meeting Manager

EMAG c/o Conference Management Solutions

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