



2010 Annual Conference Sponsor Sign-up Form

Sponsoring Company Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

My Company would like to sponsor the following conference event(s):

Authorized Contact Name & Title: _____

Phone: _____ Fax: _____

Email: _____

Total Due: \$ _____

Payment: CHECK VISA MASTERCARD Card # _____

Name as it appears on the card: *(Please print)* _____

Exp. Date: _____ Credit Card Billing Zip Code: _____

(3-Digit code on back of card): _____ Authorized Signature: _____

FAX REGISTRATION TO TRICIA AT 602-230-0563 OR MAIL TO AGING SERVICES OF ARIZONA, 3877 NORTH 7th STREET, PHOENIX, AZ 85014

Sponsor Deadline and Important Information

- **Company Logo** for posting on conference and event materials. Please submit logo in .jpg or .gif format to Tricia at triciad@agingservicesofaz.org.