## Northern California APCO Monthly Sponsor

1.	Spo	onsor Information:
	Coi	mpany
	Ad	dress:
	City	y: State: Zip:
	Coı	ntact Name: Phone:
	E-N	Лаіl:
	Ate	endees: Name
		Name
2.	Co	st
	Spo	onsor: \$250 - Includes a 25 minute presentation window, display table and lunch for 2 representatives
	Do	uble Sponsor: \$475 – Includes the 50 minute presentation window, display table and lunch for 2 representatives
	Lui	nch Sponsor: \$1000 – Includes a display table and lunch for 2 representatives
	Go	Id Sponsor: \$2000 – Sole meeting sponsor – Includes the 50 minute presentation window, display table signage and lunch for 4 representatives.
3.	Pay	yment
	A.	Checks: Make checks payable to Northern California APCO and mail with this form to:
		Northern California APCO
		PO Box 1033
		Elverta, CA 95626
	В.	Credit Card: (mail to the address above or email to mannyvierra@hotmail.com)
		Name on Card:
		Credit Card Number:
		Billing Address:
		Expiration Date:
		Total amount authorized to be charged to the card \$
		Cardholder Signature: