

AIC-CKC Sponsorship Registration Form

Last revised 8.1.07

Sponsor Company Name: _____

Sponsor Contact Name: _____

Sponsor Phone Contact : _____

Sponsor Contact E-mail Address: _____

Sponsor Option (circle one): **Option #1–Feature Sponsor** **Option #2–Main Site Sponsor**
Option #3–Standard Sponsor **Option #4–Special Sponsor**

Duration of Sponsorship (circle one): 6 months - 1 year - 2 years

Payment Calculation: Option # factored with duration = \$ _____

Payment Method (circle one): check – bill/invoice – credit card

Credit Card Payment Information (if applicable)

Credit Card Type (circle one): VISA - MASTERCARD - AMERICAN EXPRESS

Name as it appears on card: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Card #: _____

Expiration Date: ____ / ____ / ____ CVV/CVC Code: (3 or 4 digits) _____

Special Instructions: _____

For Blake and Others use:

Date Received: ____ / ____ / ____

Completed: ____ / ____ / ____

Follow-up Required? YES NO

Authorized Signature is required.

By signing, I confirm agreement to pay all sponsorship cost and fees as aforementioned and agreed to above. I agree to charges in the amount of \$ _____ being assessed in compliance with services rendered by Blake and Others, LLC.

Authorized Signature: _____

Date: ____ / ____ / ____

Confirmation of sponsorship and payment will be communicated electronically.