

# Sponsorship Form

Meeting: \_\_\_\_\_

Please complete this form and return **ONLY THE FORM**, to Ernie Cochran at: [ernie@housmanandassociates.com](mailto:ernie@housmanandassociates.com).  
If a check will accompany the Sponsorship Form, please send the form along with payment to:  
444 N Capitol Street NW—Suite 249, Washington DC, 20001. *(Be sure to send an electronic copy to Ernie Cochran)*  
Upon receipt of the signed sponsorship agreement, an invoice for payment will be sent.

## Primary Contact Information:

Primary Contact Name \_\_\_\_\_ Title \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ e-mail Address \_\_\_\_\_

Company/Organization Name \_\_\_\_\_

## Billing Contact Information (if different than above):

Primary Contact Name \_\_\_\_\_ Title \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ e-mail Address \_\_\_\_\_

Credit Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_ Authorized Signature \_\_\_\_\_

## Sponsorship Designation:

Sponsored Event(s)/Item(s) \_\_\_\_\_

Total Sponsored Amount \_\_\_\_\_

**Agreement Terms: Sponsor hereby acknowledges that they have read, understand, and agree to the terms as printed on the "SPONSORSHIP BENEFITS" page and accepts this agreement as binding.**

Authorized Signature \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

Office Use Only: Circle all that apply

M01 M02 M03 M04 M05 M06 M07 M08 M09 M10 M11 M12 M13 M14 M15 M16 M17 M18 M19 M20 M21 M22 M23 M24 M25 M26 M27 M28 M29 M30 M31 M32 M33 M34 M35 M36 M37 M38 M39 M40 M41 M42 M43 M44 M45 M46 M47 M48 M49 M50 M51 M52 M53 M54 M55