

Corporate Sponsor Contact and Billing Form

Please complete all sections of this form. This document is formatted for your records and printing.

Sponsorship Information

Sponsoring Company / Organization Name:

Sponsorship Level / Package:

Company Website:

Primary Contact Details

Primary Contact Name:

Job Title:

Email Address:

Phone Number:

Billing and Invoicing Information

Billing Contact Name (If different from Primary):

Billing Email Address:

Billing Phone Number:

Billing Address Line 1:

Billing Address Line 2:

City:

State / Province / Region:

Postal / ZIP Code:

Country:

Payment Details

Preferred Payment Method (e.g., Check, Bank Wire, Credit Card):

Purchase Order (PO) Number (If applicable):

Authorization and Signature

Authorized Representative Name:

Authorized Signature (Write or Sign):

Date: