SOCAL PDA CHAPTER 2020 Annual Sponsorship Registration Form SPONSORSHIP DATES: JANUARY 1, 2020 to DECEMBER 31, 2020

| Date: _ | |
|--------------|--|
| Invoice No.: | |

| Date Pmt. Received: | | |
|------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|--|
| Name: | | |
| Title: | | |
| Company: | | |
| Business Address: | | |
| City: | | |
| State: | | |
| Zip Code: | | |
| Business Phone: | | |
| Fax Number: | | |
| E-Mail Address: | | |
| Sponsorship Type: SEE ATTACED FOR SELECTION | ☐ GOLD: \$6,000 ☐ SILVER: \$4,000 ☐ BRONZE: \$2,000 ☐ Partner: \$1,000 ☐ Student Chapter: \$750 Web Site Address: | |
| Logo Sent: yes no Rec'ed | Company Abstract Sent: yes No Rec'ed | |
| Primary Sponsor Rep. | Name: Title: Ph. Number: Email: | |
| Email completed registration forms inclu | ding company logo and abstract to: | |
| Pari Kazeminy at <u>kazeminy@socalpdacha</u> | pter.org or Herb Matheson at matheson@socalpdachapter.org | |
| Company Check, Visa, MC or American Express Accepted (Pmt. Must Be Received by January 31, 2020) | | |
| Incomplete Forms Will Not Be Processed, No Refunds / Substitutions | | |
| Name as it appears on CC /Ck: | Ck. No.:Ck. Amt.: | |
| Total to be charged on CC: \$ | CC Type: | |
| CC Billing Address: | | |
| City: | State: Zip Code: | |
| CC Number: | CC Exp. Date:CCV: | |
| Name & Signature: | Date: | |
| Check Payments - Please Mail Checks to: Herb Matheson, VTI, 10815 Rancho Bernardo Road, Suite 120, San Diego, CA 92127 | | |
| Received / Verified by SoCal PDA: yesno Date: Person: | | |
| Sponsorship Questions Contact: Pari Kazeminy: 949-233-2695 or Herb Matheson: 858-967-1721 | | |