



Sponsorship/Exhibit Agreement

Company/Organization Name:	
Name of Contact Person:	
Title of Contact Person:	
E-Mail Address:	
Company Address:	
City, State, Zip Code	
Contact Phone:	
Fax:	
Website Address (associated with web link):	
Company/Organization Products or Services:	

Please select a sponsorship level. For package details please refer to the AzATA Sponsorship Brochure

_____ \$1000/year _____ \$750/year _____ \$500/year

_____ A la carte Items (Please let us know what you would like to do)

Amount Enclosed: \$_____ Make check payable to: AzATA

The sponsorship program is valid from January 01 to December 31 (one year). I have read and understand this agreement, including all aspects of the Addendum. I agree that my organization and all persons who staff our exhibit booth(s) will abide by the rules and regulations set forth in the attached Addendum.

PrintName of Signor _____ Title of Signor _____
 Signature _____ Date _____

SUBMIT ONLY THIS PAGE WITH YOUR SPONSORSHIP ELECTION PAYMENT TO:

Casey McKay , Treasurer
 25408 S. 197th St
 Queen Creek 85142

RETAIN A COPY OF THIS PAGE AND THE FOLLOWING ADDENDUMS FOR YOUR RECORDS.