



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
 \$800/year
 \$600/year
 \$500/year
 \$350/year → web or signage or Email/Mail List

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.

Print Name of Signor _____ Title of Signor _____

Signature _____ Date _____

SUBMIT ONLY THIS PAGE WITH YOUR SPONSORSHIP ELECTION PAYMENT TO:

Natasha Anderson
 10770 N 108th Way
 Scottsdale, Arizona 85259

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