

Sign up Today!



Monthly Meeting

SPONSORSHIP

Benefits of Sponsorship	Monthly Meeting Dates
<p>Day of event:</p> <ul style="list-style-type: none"> • 1 lunch • Your literature at each table • Verbal acknowledgement by a NCPA Board member at the opening and closing of the meeting • 1 table to display your company information <p>Publicity:</p> <ul style="list-style-type: none"> • Recognized in NCPA Newsletter (if sponsorship is paid at least 2 months prior to meeting, your company information will be included in the newsletter for the meeting. If not, then your information will appear the following month) • Recognized in NCPA E-mail blasts (if sponsorship is paid for at least 2 months prior to meeting, your company information will be included in the e-blasts for the meeting. If not, then your information will appear the following month) <p>Price:</p> <p><input type="checkbox"/> \$200/month \$ _____</p> <p>TOTAL: \$ _____</p> <p>Eligibility: Sponsors must be <u>current paid members</u></p>	<p><input type="checkbox"/> Yes!</p> <p>I would like to sponsor the following monthly meeting!</p> <p><input type="checkbox"/> July 19, 2008 (<i>request ASAP!</i>)</p> <p><input type="checkbox"/> August 13, 2008 (<i>request due by June 30</i>)</p> <p><input type="checkbox"/> September 10, 2008 (<i>request due by July 30</i>)</p> <p><input type="checkbox"/> October 8, 2008 (<i>request due by August 29</i>)</p> <p><input type="checkbox"/> November 12, 2008 (<i>Reserved</i>)</p> <p>December holiday party not applicable</p> <p>Sponsorship is determined on a first paid, first secured basis.</p> <p>Limit to one sponsorship opportunity per calendar year.</p> <p><u>To reserve your meeting date, please FAX this form to Cathy Dellas at 760-750-3138</u></p>

To secure your meeting reservation, please fax this form to:

Cathy Dellas
760-750-3138 (fax)

For questions, please call or e-mail
760-750-8706
cdellas@csusm.edu

I/We would like to sponsor the above monthly meeting.

Name _____

Title _____

Company _____

Address _____

Phone : _____

E-mail: _____

Payment Method: (*Payments are due in full to confirm your sponsorship*)

Check (payable to NCPA—meeting sponsor)

Credit Card

Mastercharge Visa AMEX

Account # _____

Exp. Date: _____

Name on Card: _____

Signature: _____

Mail your reservation and payment to:
NCPA
Meeting Sponsor
P.O. Box 1071
Fresno, CA 93714

If paying by credit card:
FAX this form to
559-227-1463
(Charges will appear as "North County Personnel Association")