



Joining Forces to Deliver Outstanding Vacation Services

*** SPONSORSHIP VERIFICATION SIGN-OFF / INVOICE ***

Date: _____ Company Contact: _____ Email Address: _____

Company Name: _____ Phone #: _____

Would you like to receive an Award or Certificate for sponsorship? Award or Certificate (circle one) *CERTIFICATE ONLY

Company Name to Appear on Award/ Certificate _____

Will you be attending the conference to be recognized for your sponsorship? Yes or No (circle one)

If no, please provide address for award to be mailed to:

Thank you for your sponsorship of C.A.R.E.'s 2019 Conference in Indianapolis, Indiana. When considering your donation, please keep in mind that the 2019 Conference in Indianapolis will be the ONLY CONFERENCE HELD in 2019. To make the most of this annual conference it is our hope that your company will maintain the same annual donation commitment as submitted for past semi-annual conferences. Doubling your previous semi-annual commitments into one annual sponsorship will result in a noteworthy annual savings to C.A.R.E. sponsors when you consider reduced annual travel costs for attendees of sponsoring companies. Your support is instrumental in C.A.R.E.'s continued growth, and your commitment to C.A.R.E. is greatly appreciated. We look forward to seeing you in Indianapolis, Indiana.

Please check box to the left of your selected sponsorship level:

<input type="checkbox"/>	\$20,000 Presidential Sponsor	<input type="checkbox"/>	\$ 2,500 Sapphire Sponsor
<input type="checkbox"/>	\$15,000 Elite Sponsor	<input type="checkbox"/>	\$ 1,000 Amethyst Sponsor
<input type="checkbox"/>	\$10,000 Platinum Sponsor	<input type="checkbox"/>	\$ 750 Topaz Sponsor
<input type="checkbox"/>	\$ 7,500 Gold Sponsor	<input type="checkbox"/>	\$ 500 Amber Sponsor
<input type="checkbox"/>	\$ 5,000 Ruby Sponsor	<input type="checkbox"/>	\$ 250 Emerald/Certificate Sponsor*

By signing below, I acknowledge that I am authorized to make this commitment of sponsorship to C.A.R.E. and that all information listed herein is correct.

All payments must be received no later than 30 days before conference.

Authorized Signature _____ Date _____

Authorized Printed Name _____

DONATE ONLINE!

www.care-online.org

Select "Conference Information" and "Conference Sponsorship Info"

Payment may be submitted by Check or Credit Card:

C.A.R.E., ATTN: Bonnie Kosco

P.O. Box 2803

Harrisonburg, VA 22801

PAY BY CREDIT CARD:

CIRCLE ONE: PROCESS PAYMENT UPON RECEIPT
PROCESS PAYMENT 30 DAYS PRIOR TO CONFERENCE

Credit Card # _____ Exp _____ Sec Code _____

Name on Card _____ Address _____

Suite # _____ City _____ State _____ Zip _____

Card Holder Signature: _____ Date: _____

Please forward this invoice to your accounting department.

FAX THIS SIGN-OFF WITHIN 48 HOURS TO: 703-814-8527

For Office Use:

Date Received: _____

Faxed to Administrator: _____