



## **MCNP Corporate Advertising Sponsorship Application**

This application is by and between the MCNP and the organization listed below. The MCNP agrees to provide Corporate Advertising Sponsorship Benefits for a term of 1 year as detailed in the MCNP Corporate Advertising Sponsorship Structure.

Organization Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

By completing this application and signing below, the individual attests that they are an authorized representative of the **Corporate Advertising Sponsor** organization.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_

Once your application has been processed, you will be contacted by the MCNP web editor and asked for a file copy of your organizational logo and summary statement about your company for posting on the MCNP website.

Please email [editor@mcnpweb.org](mailto:editor@mcnpweb.org) or call 781-575-1565 with any questions about Corporate Sponsorship or completing this form. Please make check made payable to **Massachusetts Coalition of Nurse Practitioners** and return with this completed form to:

**MCNP  
PO Box 1135  
Littleton, MA 01460**