

## SAMPE Corporate Partner Program

Date \_\_\_\_\_

Company Name \_\_\_\_\_ Contact \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ E-Mail \_\_\_\_\_

### Level of Partnership Desired

**Diamond Level Partnership**

Diamond level partnership is available for a minimum donation of \$20,000 (Includes 10 (ten) SAMPE memberships)

**Platinum Level Partnership**

Gold level partnership is available for a minimum donation of \$5,000 (Includes 5 (five) SAMPE memberships)

**Gold Level Partnership**

Gold level partnership is available for a minimum donation of \$2,500. (Includes 4 (four) SAMPE memberships)

**Silver Level Partnership**

Silver level partnership is available for a minimum donation of \$1,500. (Includes 3 (three) SAMPE memberships)

### Payment Options

Payment: (US Funds Only)     Check     Visa     MC     AmEx     Discover

Credit Card # \_\_\_\_\_ Exp \_\_\_\_\_

Name as it appears on card \_\_\_\_\_ Security Code \_\_\_\_\_

Signature of Cardholder \_\_\_\_\_

### For questions and/or comments:

Patty Hunt Phone: +1 805.657.6571

Email: sampeads@aol.com

### Mail or E-mail invoice and payment information to:

SAMPE, 21680 Gateway Center Drive, Suite 300 • Diamond Bar, CA 91765

Attn: Patty Hunt

E-mail: sampeads@aol.com

Please list your employees information on the following page for their complimentary membership.

Corporate Partner fees at all levels are billed annually.

### For SAMPE use only

Date payment received \_\_\_\_\_ Partnership expiration date \_\_\_\_\_

Accepted by (SAMPE) \_\_\_\_\_ Date \_\_\_\_\_

Please fill in all pertinent sections completely.

Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Company \_\_\_\_\_ Job Title \_\_\_\_\_

Company Address \_\_\_\_\_ Dept/MS \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

What address would you like SAMPE material mailed to:  Company  Home

Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

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