



Sponsorship & Marketing Options AGREEMENT FORM

Please complete this form and send it to the address listed below with your payment. Please send any artwork electronically to info@unyan.net. Please keep a copy of this contract for your records.

Company Name: _____

Contact Name: _____ Title: _____

Address: _____

City: _____ State/Province: _____ Zip: _____

E-Mail: _____ Phone: _____

Membership Meeting Sponsorship

_____ \$500/each Meeting(s) you wish to sponsor: _____

Website Advertising:

Banner Ads _____ 6 months - \$1,000.00 _____ 1 year - \$1,500.00

Rotating Company Logo _____ 6 months - \$300.00 _____ 1 year - \$500.00

E-Blast _____ E-Blast to all UNYAN Contacts - \$250 Date you would like e-blast: _____

PAYMENT:

Total Enclosed: \$ _____

Check #: _____ (Payable to UNYAN) Check Date: _____

Credit Card: _____ Visa _____ Mastercard _____ American Express _____ Discover

Card Number: _____ Exp. Date: _____

Card Holder Name: _____

As my company's representative, I hereby acknowledge that either my company or I will be responsible to pay the amount listed for total services selected. I understand that additional information will be provided upon receipt of my payment.

Date: _____ Signature: _____

Return this form with payment to:

UNYAN Sponsorship/Marketing

1450 Western Avenue, Suite 101, Albany, NY 12203-3539

Phone: 518-694-4420

Fax: 518-463-8656

E-Mail: info@unyan.net