

**CHILDREN'S SERVICES NETWORK
CSN-AZ.ORG**

SPONSOR APPLICATION

NAME OF ORGANIZATION/BUSINESS: _____

CONTACT NAME: _____

ADDRESS: _____

PHONE: _____ **FAX:** _____ **EMAIL:** _____

DATE OF APPLICATION: _____

SPONSORSHIP FEE PER CALENDAR YEAR \$350

DURATION OF AGREEMENT: 2012 or Other (be specific): _____

Sponsor benefits include:

- Listing on the home page of our website, with a link to your website;
- Listing on all meeting notices and in our printed directory;
- Acknowledgement at all networking meetings, plus display of brochures, business cards, etc.
- One member listing on the CNS website and in the hard cover directory

Super-sponsor categories are available to cover printing, marketing or food for meetings.

I have read, understood and agree to the terms of the sponsoring contract between _____ (your organization) and Children's Services Network.

Signature of Organization Representative

Date

Please sign above and send this form with a check to:

Lani Zigler, Ph.D., Treasurer
2633 E. Indian School Road
Suite 310
Phoenix, AZ 85016

For questions, please contact:

Christina Lebovitz, Ph.D., President
Gabrielle Lawrence, Ph.D., Vice-President

480-998-2303

Thank you for your support of the Children's Services Network!