

CHILDREN'S SERVICES NETWORK

www.csn-az.org

SPONSOR APPLICATION

NAME OF ORGANIZATION/BUSINESS: _____

CONTACT NAME: _____

ADDRESS: _____

PHONE: _____ FAX _____ EMAIL _____

DATE OF APPLICATION: _____

SPONSORSHIP FEE PER CALENDAR YEAR:

2009, last quarter: \$100

2010, entire year: \$350

DURATION OF AGREEMENT _ 2009 _ 2010

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.

Super-sponsor categories are also sought for supplying a meeting space for networking meetings.

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

Signature of Organization Representative

Date

Amount enclosed \$ _____

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

Lanie Zigler, Ph.D., Treasurer

2633 E. Indian School Road

Suite 310

Phoenix, AZ 85016

For questions, please contact:

Christina Lebovitz, Ph.D., President cklebovitz@hotmail.com 480-368-9898

Gabrielle Lawrence, Ph.D., Vice-President gabrl1@cox.net 480-607-5030

Thank you for your support of Children's Services Network
