

CHILDREN'S SERVICES NETWORK

www.csn-az.org

SPONSOR APPLICATION

NAME OF ORGANIZATION/BUSINESS: _____

CONTACT NAME: _____

ADDRESS: _____

PHONE: _____ FAX _____ EMAIL _____

NAME FOR MEMBER LISTING: _____

EMAIL _____

SPONSORSHIP FEE PER CALENDAR YEAR \$350

DURATION OF AGREEMENT 2012 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

Regular email notices, bulletins, etc. to CSN members through our listserv

Acknowledgement at all networking meetings, plus display of

brochures, business cards, etc.

One member listing on the CSN 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:

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 480-998-2303

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

Thank you for your support of Children's Services Network
