

TEAL ON THE HILL 2021 PARTICIPATION AGREEMENT

COMPANY INFORMATION

Company Name: _____

Contact Person: _____

Address: _____

City, State, Zip: _____ Phone: _____

E-mail: _____

SPONSOR OR EXHIBITOR LEVEL

- Teal Sponsor (\$5,000) Blue Sponsor (\$2,500) Silver Sponsor (\$1,000)
 Exhibitor (\$500) Nonprofit Exhibitor (\$350)

PAYMENT INFORMATION

Cost \$ _____

- Check/Money Order payable to the Spina Bifida Association is on the way/enclosed.
 Please send an invoice to the e-mail address above.
 Please charge my Credit Card:
 Visa Mastercard American Express Discover

Name on Card: _____

Card Number: _____

Expiration Date: _____ Security Code: _____ Signature: _____

Please return this form to SBA at the address below. You may also call-in your credit card information by contacting Elizabeth Merck, Director of Development, at (202) 618-4754 or emerck@sbaa.org.