

2021 EDUCATION DAYS PARTICIPATION AGREEMENT

COMPANY INFORMATION

Company Name: _____

Contact Person: _____

Address: _____

City, State, Zip: _____ Phone: _____

E-mail: _____

SPONSOR OR EXHIBITOR LEVEL

Gold (\$10,000) Silver (\$5,000) Bronze (\$1,000) Exhibitor (\$500/\$350 NP)

If a Bronze Sponsor or Exhibitor, indicate your Education Day(s) of choice:

March 13 (Adult Focus)

May TBD (Parent Focus)

September 18 (Spanish Language)

PAYMENT INFORMATION

Total Cost \$ _____

Check/Money Order payable to the Spina Bifida Association is on the way.

Please send an invoice to the email address above.

Please charge the following Credit Card:

Visa Mastercard American Express Discover

Name on Card: _____

Card Number: _____

Expiration Date: _____ Security Code: _____

Signature: _____