

Yes, our company would like to sponsor the items checked above!

Signed _____ Contact Person Date _____

Total Amount - \$ _____

METHOD OF PAYMENT: Please check appropriate box

| | |
|---|--|
| <input type="checkbox"/> Money Order - # <input type="checkbox"/> Purchase Order – Original PO must be attached <input type="checkbox"/> Check - # <input type="checkbox"/> Cash | Charge to: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard |
| | Account Number: |
| | Expiration Date: |
| | Card Holder Name: |

***Return sponsorship form with appropriate payment to:
 EMS REGION III, SPONSORSHIP, PO BOX 1895, CLOVIS, NM 88102-1895***

*** * * FOR EMS REGION III USE ONLY * * ***

| | | | | | | | | | | | | | | | | | | | |
|---------------------------|--|--|--|--|--|--|--|--|--|---|--|--|--|--|--|--|--|--|--|
| Date Sponsorship Received | | | | | | | | | | Date Invoiced | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| Total Sponsorship Fee | | | | | | | | | | Type of Payment (PO, check, cash, credit card, money order) | | | | | | | | | |