



Corporate Sponsorship

Company Name: _____
 Contact Name: _____
 Address: _____
 City/State/Zip: _____
 Phone: _____ Ext.: _____ Fax: _____
 Email: _____ Website: _____

Corporate Sponsorship: Monthly \$200.00 ___

Identify: Month(s) of Sponsorship: _____

Corporate Sponsorship: Annual \$1,500.00 ___

Enclosed is a check for \$ _____

Make checks payable to AQAA and mail to:

AQAA Corporate Sponsorship Program
 PO Box 889154
 Atlanta, GA 30356

Would you like to be included in the Corporate Section of the next publication of the AQAA Membership Directory? Yes ___ No ___

Would you like to receive the monthly AQAA Newsletter by Email? Yes ___ No ___

I understand that this application is contingent upon acceptance by the Atlanta Quality Assurance Association's (AQAA) Board. It will be the responsibility of my company or myself to ensure the company logo is distributed to AQAA one month prior to their begin date of sponsorship in .gif or .jpg format, to meet the printing deadlines. Failure to meet the deadlines will result in the company's logo not appearing for the specified month.

I _____,

Sponsor's Name

have read, understand, and agree to Atlanta Quality Assurance (AQAA) Code of Ethics for Corporate Sponsors and Their Employees.

Signature: _____ Date: _____

Print Full Name: _____