



# 2010 Colloquium on Guardianship Sponsorship Agreement

(Company Name) \_\_\_\_\_ hereby agrees to contribute the sum of \_\_\_\_\_ payable to the National Guardianship Association (NGA) to become a "sponsor" at the 2010 Colloquium on Guardianship – Handling Worst Case Scenarios on April 23, 2010, in Chicago, IL. With appreciation, NGA agrees to acknowledge this support as indicated on the sponsor information form, provided that this commitment for payment and a digital logo are received not later than April 2, 2010.

## AUTHORIZATION

Name and Title of Authorizing Agent \_\_\_\_\_  
Authorizing Agent's Signature \_\_\_\_\_  
Mailing Address for Invoice \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

**USE THIS BLOCK TO PROVIDE INFORMATION THE WAY YOU WANT IT USED ON PROMOTIONAL MATERIALS**  
**Please Print Clearly, Especially If Faxing (Fax Number: 814-355-2452)**

Company Name \_\_\_\_\_  
*(We will use this information exactly as you write it here.)*

Name and Title of the person you want the attendees to contact about your services or products.  
\_\_\_\_\_

*(Provide information below that you want the attendees to learn about your services or products.)*

Address \_\_\_\_\_  
\_\_\_\_\_ Website \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_

NOTE: The Sponsor must provide an electronic/digital copy of the company logo with the agreement and no later than April 2 to have it included on the Sponsor sign and other acknowledgements. A high resolution color TIF or Jpg is preferred for best reproduction.

\_\_\_\_\_ An electronic copy of our logo is enclosed. \_\_\_\_\_ An electronic copy of our logo will be emailed to info@guardianship.org

**THE CONTRIBUTION FOR SPONSORSHIP OF THE COLLOQUIUM IS \$500**  
**Also register the following company representatives at the special sponsor rate of \$100 per person.**

- 1/ \_\_\_\_\_ 2/ \_\_\_\_\_
- 3/ \_\_\_\_\_ 4/ \_\_\_\_\_

**TOTAL PAYMENT IN THE AMOUNT OF: \$ \_\_\_\_\_ (Please make a copy for your records.)**

\_\_\_\_\_ **Please Invoice Us**  
\_\_\_\_\_ **Check/Money Order Enclosed**  
**MAIL** check or money order payable to NGA with the completed Agreement to the NGA Business Office:  
174 Crestview Drive  
Bellefonte, PA 16823  
Toll Free: 877-326-5992 / Email: Info@guardianship.org  
Our Federal ID #36-3591860

\_\_\_\_\_ **Payment by Credit Card**  
**FAX** Agreement with credit card information to: 814-355-2452  
Credit Card Information: \_\_\_\_\_ Visa \_\_\_\_\_ MasterCard  
\_\_\_\_\_  
Name on card (print)  
\_\_\_\_\_  
Account Number  
\_\_\_\_\_  
Exp. Date \_\_\_\_\_ Signature \_\_\_\_\_