## SPONSORSHIPContract PASAE



Date:					
Company Name:					
Contact Person:					
Address:					
City:		State:	Zip:	Country:	
Phone:					
	Website:				
Indicate the sponsorship level	Acceptance of Terms of Sponsorship				
your organization has selected.	<ul> <li>PASAE sponsorship contract must be completed</li> </ul>				
All sponsorships are active from	<ul> <li>Exclusive benefits are reserved in the order of commitment as</li> </ul>				
January 1 through December 31.				commit by paying	in full will
☐ Diamond Sponsorship SOLD	<ul> <li>receive first choice.</li> <li>Net due 30 days. Contact admin@pasae.org if you require an invoice or receipt.</li> <li>PASAE reserves the right to refuse or to edit any advertisement for any reason it deems necessary</li> <li>No refunds will be granted for benefits included in sponsor packages that are not utilized</li> <li>The sponsor is responsible for submitting content by stated deadlines and contacting PASAE headquarters to redeem benefits</li> </ul>				
☐ Platinum Sponsorship \$10,000					
☐ Gold Sponsorship \$7,500					
$\square$ Silver Sponsorship \$5,000					
☐ Bronze Sponsorship \$3,500					
☐ Patron Sponsorship \$1,500	□ <i>I</i> ag	gree to the	above Sponso	rship Terms	
	Signat	ture:			
Payment Information					
Total Amount: \$	_				
Method of Payment:   Check (payal)	ble to PASAE)	☐ Visa	☐ MasterCa	ard 🗆 Discover	☐ AmEx
Credit Card Number:	Expiration Date:				
Name on Card:	3-Digit Security Code:				
Signature:					
Billing Address (if different from above):					
City:					

For questions about PASAE, please email <a href="mailto:ads@pasae.org">ads@pasae.org</a>.

Please return this contract to:

PASAE, 2207 Forest Hills Harrisburg, PA 17112 or 717-238-9985 (fax) or admin@pasae.org. Please visit www.pasae.org for PASAE's full refunds and returns policy.