



NYSPRA 2019 Spring Conference Sponsorship Commitment Form

Name			
Organization			
Address			
Address2			
City, State, Zip			
Phone		Fax	
Email			

Sponsorship Level Commitment *(indicate which level you are interested in sponsoring)*

- | | |
|---|---|
| <input type="checkbox"/> Platinum (\$2,500) – 1 available | <input type="checkbox"/> Bronze (\$750) – No limit |
| <input type="checkbox"/> Gold (\$1,500) – 1 available | <input type="checkbox"/> Partner (\$100) – No limit |
| <input type="checkbox"/> Silver (\$1,000) – 2 available | |

Total Amount Due	\$
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Payment Method

- Please invoice me at the address/email address above. *(Please include a purchase order if necessary.)*
- I will be mailing a check promptly to the address listed below. **MAKE CHECK PAYABLE TO NYSPRA.**

Signature of Party Responsible for Agreement

_____ PRINT NAME

_____ SIGNATURE

Please reply by returning this form to:

**NYSPRA
c/o Patricia McCabe, Program Administrator
Eastern Suffolk BOCES
201 Sunrise Highway
Patchogue, NY 11772**

Questions? Contact Monica Lester at monica.lester@nyspra.org.