2020 Corporate Sponsorship Form

Please check one:

☐ Principal Sponsor ($400/year)

☐ Associate Sponsor ($200/year)

☐ Contributing Sponsor ($100/year)

Company Name: ________________________________

Address: _______________________________________

City/State/Zip: ___________________________________

Company Contact Name: __________________________

Phone: _________________________________________

Email: _________________________________________

For Principal and Associate Sponsors Only
List the names of two (2) individuals (Associate Level) or Five (5) individuals (Principal Level) that will receive a free membership on behalf of your firm.

1. __________________________
2. __________________________
3. __________________________
4. __________________________
5. __________________________

(Principal Sponsors only)

Please return sponsorship form to the address below by January 24, 2019 to:

Eastern NY ABCD
c/o Mark Olstad
AECOM
40 British American Boulevard
Latham, NY 12110
Email: mark.olstad@aecom.com
Phone: 518-951-2323

Make checks payable to: Eastern NY ABCD

or

You may pay by credit card. To do so, send the completed form to mark.olstad@aecom.com You will receive an electronic invoice through PayPal that will guide you on how to pay by credit card