

67th ANNUL MEETING SPONSORSHIP AGREEMENT

Arlington, TX June 23-26, 2021

(Please be sure your company name printed above is exa	ictly now you would like it appear in AAL L listings)
CONTACT INFORMATION (Primary contact for corre	spondence)
Contact Name:	
Contact Title:	
Address:	
City, State, Zip:	
Email:	Phone:
SPONSORSHIP INFORMATION	
Sponsorship Package:	Amount: \$
Sponsorship Package:	Amount: \$
PAYMENT INFORMATION	
Sponsorship(s) Total: \$	
Prior Payments/Credits: \$	
Discount: \$	
BALANCE DUE: \$	
Billing Preference: Pay in full with credit card	
Invoice for full amount (will be	sent to contact listed above)
Visa Mastercard American Express	
Card No.:	Expiration Date:
Cardholder Name:	
Billing Address:	
City, State, Zip:	
Cardholder Signature:	
SPONSOR AUTHORIZED SIGNATURE:	