



SPONSORSHIP FORM

Mark your selection(s) with a ✓ or ✗ Please submit by July 15, 2019.

SPONSORSHIP

- CHAMPIONSHIP SPONSOR—\$20,000
- LEADERSHIP SPONSOR—\$10,000
- PARTNERSHIP SPONSOR—\$5,000
- ADVOCATE SPONSOR—\$2,500
- AMBASSADOR SPONSOR—\$1,000

Please also choose one of the following:

- I plan to use all my seats.
- I would like to use _____ seats and donate _____ seats back to CPAF.

PROGRAM BOOKLET TRIBUTE

- FULL-PAGE PREMIUM —\$1,500
- FULL-PAGE STANDARD —\$1,000
- HALF-PAGE STANDARD —\$500
- QUARTER-PAGE STANDARD —\$300

DONATION

- I would like to support CPAF with a donation
DONATION AMOUNT \$ _____

PAYMENT METHOD

- CHECK** TOTAL AMOUNT ENCLOSED \$ _____

Make checks payable to **CPAF** and send to:
CPAF

3424 WILSHIRE BL., SUITE 1000
LOS ANGELES, CA 90010

- CREDIT CARD**

TOTAL AMOUNT TO BE CHARGED \$ _____

CREDIT CARD # _____

EXP DATE _____ CVV _____

- ONLINE** <https://cpaf.formstack.com/forms/41st>

ORDER TOTAL \$ _____

BILLING INFORMATION — ACKNOWLEDGMENT LETTERS/TAX RECEIPTS WILL ALSO BE SENT TO THIS NAME AND ADDRESS UNLESS OTHERWISE NOTED.

COMPANY NAME

CONTACT PERSON

ADDRESS

CITY

STATE

ZIP CODE

PHONE

EMAIL

SIGNATURE

DATE