ACLP SPONSORSHIP COMMITMENT FORM



ACLP CHILD LIFE ANNUAL CONFERENCE

May 3-6, 2018 • Gaylord National Harbor Resort, MD • Washington, D.C. Metro Area

SPONSORSHIP OPPORTUNITY SELECTION

Please list description and price from Sponsorship Opportunities. All sponsorship amounts are expressed in U.S. dollars. Sponsorships are awarded on a first-come, first-served basis.

		\$			
SPONSORSHIP DESCRIPTION		SPONSORSHIP AMOUNT			
ORGANIZATION INFORMATION					
DRGANIZATION NAME (as you would like it to appe	ar in printed materials)				
CONTACT NAME		TITLE			
ADDRESS					
СІТҮ		STATE/PROVINCE	ZIP/POSTAL CODE	COUNTRY	
PHONE		FAX			
EMAIL		ORGANIZATION WEB ADDRESS			
SPONSORSHIP COMMITMENT AGREEN	IENT AND BILLING INFORMA	TION			
TITLE					
SIGNATURE	DA	TE			
PAYMENT					
☐ Invoice me. ☐ I have enclosed a chec ☐ Please charge my: ☐ Visa ☐ Ma	k payable to Association of Chi asterCard	ld Life Professionals.			
CARD NUMBER	EXP. DATE	SECURITY CODE			
NAME ON CARD					
SIGNATURE OF CARDHOLDER		DATE			
To secure sponsorship, send this form to: Association of Child Life Professionals (ACLP)		_	Thank you for supporting the Association of Child Life Professionals!		

Association of Child Life Professionals (ACLP) 1820 N. Fort Myer Drive, Suite 520, Arlington, VA 22209

Or fax to 571-483-4482.