

ACLP SPONSORSHIP COMMITMENT FORM

ACLP CHILD LIFE ANNUAL CONFERENCE

April 11-14, 2019 • Chicago Marriott Magnificent Mile • Chicago, IL

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

ORGANIZATION NAME (as you would like it to appear in printed materials)

CONTACT NAME

TITLE

ADDRESS

CITY

STATE/PROVINCE

ZIP/POSTAL CODE

COUNTRY

PHONE

FAX

EMAIL

ORGANIZATION WEB ADDRESS

SPONSORSHIP COMMITMENT AGREEMENT AND BILLING INFORMATION

I agree to my organization's participation as a sponsor of the Child Life Annual Conference, April 11-14, 2019, at the Chicago Marriott Magnificent Mile.

NAME (PLEASE PRINT)

TITLE

ORGANIZATION

SIGNATURE

DATE

PAYMENT

Invoice me. I have enclosed a check payable to **Association of Child Life Professionals**.
 Please charge my: Visa MasterCard

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)
 1820 N. Fort Myer Drive, Suite 520, Arlington, VA 22209

Or fax to 571-483-4482 or email to
bwikander@childlife.org.

Thank you for supporting the
Association of Child Life Professionals!