

FPA of Charlotte
2015 Sponsor / Partner Registration Form

Complete and **Email:** *fpacharlotte@aol.com.*

Representative's Name: _____

Company Name: _____
(Name you prefer to be used on our web site and any other marketing pieces)

Mail Address: _____

City: _____ State _____ Zip _____

Phone: _____ Fax: _____

Cell Phone: _____ Email: _____

Internal contact: Name: _____

Phone: _____ Email: _____

Company's Web Address for Logo and Link: _____

Indicate Level of Sponsor/Partnership

- | | | |
|--------------------------|---|------------|
| <input type="checkbox"/> | DIAMOND LEVEL SPONSOR (LIMIT 2) | \$5,000 |
| <input type="checkbox"/> | PLATINUM LEVEL SPONSOR | \$2,000 |
| <input type="checkbox"/> | GOLD LEVEL SPONSOR (one representative) | \$1,000 |
| <input type="checkbox"/> | GOLD LEVEL SPONSOR (more than one representative) | \$625 each |
| <input type="checkbox"/> | SILVER LEVEL SPONSOR / PARTNER | \$500 |

Please, Check the payment method

PAY BY CHECK:

Upon receiving this completed registration form, you will be invoiced along with instructions for mailing.

PAY WITH YOUR CREDIT CARD:

Upon receiving this completed registration form, we will invoice thru our PayPal account. The PayPal invoice is "user friendly" prompting you through a fully secure payment using your credit card. **You do not need a PayPal account to pay with this method.**