CO-SPONSORSHIP INFORMATION SHEET

Organization: _____

Main Contact Name: _____

Main Contact Number: _____

Main Contact Email: _____

Event Name: _____

Event Date: _____ Time: _____ Location: _____

Description/Purpose of event (Brief Overview) _____
_____
_____
_____
_____
_____

Estimated Attendance: _____

Results/Goals of this event: _____
_____
_____
_____
_____

I have read and agree to all ASPB Co-Sponsorship Guidelines. By signing and submitting this co-sponsorship request form, I understand that my co-sponsorship request is subject to all the guidelines and procedures described on the Cover Sheet and on the Guidelines Sheet. I also understand that the ASPB logo and or name must appear as a co-sponsor on all marketing materials promoting this event if the co-sponsorship request if approved by ASPB.

Signature _____ Date _____