

CHILDREN'S SERVICES NETWORK

www.csn-az.org

SPONSOR APPLICATION

NAME OF ORGANIZATION/BUSINESS: _____

CONTACT NAME: _____

ADDRESS: _____

PHONE: _____ FAX: _____

EMAIL: _____

NAME FOR MEMBER LISTING: _____

EMAIL FOR MEMBER LISTING: _____

SPONSORSHIP FEE PER CALENDAR YEAR: \$350

Sponsor benefits include:

- * Listing on the home page of our website, with a link to your website;
- * Listing on all meeting notices and in our printed directory
- * Regular email notices, bulletins, etc. to CSN members through our listserv
- * Acknowledgement at all networking meetings, plus display of brochures, business cards, etc.
- * One member listing on the CSN website and in the hard cover directory

Super-sponsor categories are available to cover printing, marketing or food for meetings.

The CSN Executive Committee reserves the right to review and deny sponsorship at their discretion.

I have read, understood and agree to the terms of the sponsoring contract between
_____ (your organization) and Children's Services Network

Signature of Organization Representative

Date

Please sign above and send this form with a check to:

Lanie Zigler, Ph.D., Treasurer
2633 E. Indian School Road, Suite 310
Phoenix, AZ 85016

For questions, please contact:

Christina Lebovitz, Ph.D., President

cklebovitz@hotmail.com

480-998-2303

Gabrielle Lawrence, Ph.D., Vice-President

gabrl1@cox.net

Thank you for your support of Children's Services Network