



Atlanta Quality Assurance Association

Corporate Sponsorship Application

Company Name: _____

Contact Name: _____

Address: _____

City/State/Zip: _____

Phone: _____ Ext.: _____ Fax: _____

Email: _____ Website: _____

Corporate Sponsorship: Monthly \$ 400.00 ___

Identify: Month(s) of Sponsorship: _____

Corporate Sponsorship: Annual \$1,500.00 ___

Enclosed is a check for \$ _____

Make checks payable to **AQAA** and mail to:

AQAA Corporate Sponsorship Program

PO Box 889154

Atlanta, GA 30356

Would you like to be included in the Corporate Section of the next publication of the AQAA Monthly Newsletter? Yes ___ No ___

Would you like to receive the monthly AQAA Newsletter by Email? Yes ___ No ___

I understand that this application is contingent upon acceptance by the Atlanta Quality Assurance Association's (AQAA) Board. It will be the responsibility of my company or myself to ensure the company logo is distributed to AQAA one month prior to their begin date of sponsorship in .gif or .jpg format, to meet the printing deadlines. Failure to meet the deadlines will result in the company's logo not appearing for the specified month.

I _____,

Sponsor's Name

have read, understand, and agree to Atlanta Quality Assurance (AQAA) Code of Ethics for Corporate Sponsors and Their Employees.

Signature: _____ Date: _____

Print Full Name: _____