



# Sponsorship Form

COMPANY NAME: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

POSTAL CODE: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

FAX: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

Sponsorship Amount:

Selected Opportunity (eg: lunch) \_\_\_\_\_

Special Notes:

Supporter Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Payment enclosed \_\_\_\_\_ Please invoice me \_\_\_\_\_

**Please complete and return this form by Friday, February 12, 2010**

Atlantic Cranberry Management Course  
c/o 210-10 Webster Street  
Kentville, Nova Scotia B4N 1H7  
Fax: (902) 678-7266

OFFICE USE ONLY:	
Date Received:	
Payment Method:	
Date Paid:	Booth #:
Opportunity:	