

Sponsorship Application

I hereby make application for **sponsorship** in the National Capital Region Society of Healthcare Engineers (NCR-SHE) and submit the following information for consideration by the Board of Directors.

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Business Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Sponsorship Level

- Platinum - \$1,750 Gold - \$1,250 Silver \$750
 Event (limited to 2 per event) - \$500 Website - \$300

*NCR-SHE W-9 Tax ID# can be provided if needed.

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

Signature: _____ Date: _____

STOP AND READ! By signing this application you commit the sponsorship funds will be paid within 30 days of invoice. Email application and logo (if applicable) to Ari Tinkoff (atinkoff@brplusa.com) you will be notified in writing if your sponsorship request has been granted.

For NCR-SHE Use:

Sponsorship: Approved Decline

Reason: _____

NCR-SHE Sponsorship/Board Member Signature

Date