

March 17-18, 2016



Washington, DC

Sponsorship Commitment Form

Thank you for your willingness to support NCPPP. Please complete this form and return it to NCPPP to initiate your sponsorship. An invoice for your sponsorship and all other information will be forwarded to all addresses provided below. If you have any questions regarding your sponsorship, please contact Todd Herberghs at NCPPP at (202) 962-0555 ext 422. Please send completed forms to jbaker@ncppp.org or fax to (202) 289-7499.

Type of Sponsorship Commitment and dollar amount:

Primary Contact

Name: _____

Title: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

E-Mail: _____

Secondary Contact

Name: _____

Title: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

E-Mail: _____

I have reviewed the enclosed information about the sponsorship and understand the benefits, deadlines, and procedures of the levels selected.

Signature of Primary Contact of Organization

Date

Signature of NCPPP Representative

Date