



SPONSORSHIP ORDER FORM

COMPANY NAME: _____ DATE: _____

BILLING ADDRESS: _____

COMPANY REPRESENTATIVE: _____

EMAIL: _____

PHONE: _____

PAY BY: CHECK

CREDIT CARD

IF PAYING BY CHECK

Check should be made payable to:
Tennessee Counseling Association

Mail to:
TCA
C/O Event Logistics, Inc.
700 Church Street
Suite 100
Nashville, TN 37203

PLEASE SELECT SPONSORSHIP LEVEL

Diamond Sponsor \$2,000

Gold Sponsor \$1,000

Silver Sponsor \$750

Bronze Sponsor \$500

Exhibitor \$350

Coffee Break \$1,000

TMHCA Luncheon \$2,500

TSCA Luncheon \$2,000

IF PAYING BY CREDIT CARD

I hereby authorize Tennessee Counseling Association to charge the credit card listed below.

Name on Card: _____

Attendee Name: _____

Credit Card Type: Mastercard Visa AMEX

Credit Card Number: _____

Expiration Date: _____ Security Code: _____

Billing Address: _____

Amount: _____

Signature: _____

