

# North Carolina Association for Hospital Central Service Professionals

## **SPONSORSHIP APPLICATION**

Sponsorship Opportunity: \_\_\_\_\_

Sponsorship Fee: \_\_\_\_\_

Sponsoring Organization: \_\_\_\_\_  
(Exactly as it is to be listed in acknowledgments)

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone/Fax: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**Total Due \$** \_\_\_\_\_

**Check enclosed**

I am an authorized representative of the company named above with full power and authority to sign this form and make this commitment.

\_\_\_\_\_  
(Your name) (Your title)

\_\_\_\_\_  
(Your signature) (Date)

**Mail to: NCAHCSP, c/o WFUBMC, Medical Center Blvd. Winston-Salem, NC 27157-1122**

**or please fax to: (336) 716 - 5269, ATTN: NCAHCSP**

**Call (336) 716-6270 to discuss additional opportunities**