

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: _____

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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)

**Please mail to: Stacie Patterson
165 Appaloosa Lane OR
Statesville, N.C. 28625**

Email to: spatterson.ncahcsp@gmail.com

Call Stacie Patterson at (704) 902-8092 to discuss additional opportunities