



Partner With CMSA

Name of sponsor _____

Contact information

Name of contact person _____

Phone number _____ e-mail _____

Address of sponsor _____

Phone _____ Fax _____

Web address _____

E-mail address _____

Description of company/facility-----please limit to 150 words. **Please also attach camera ready logo along with this form**(send by e-mail to jmreinsel@comcast.net) . *** **Check must be mailed.** CMSA Tax ID # 91-1836679

Check \$ 500) should be made out to -CMSA-Chesapeake.*****If check is postmarked or verbal commitment given by January 31,2009 the amount will be \$450. Mail form and check to:**

CMSA-Chesapeake
P.O. Box 1816
Millersville, MD 21108

For any questions please contact Janet Reinsel at 410-978-2179 , 410-560-2070 or jmreinsel@comcast.net

Thank you for being a partner of the chapter.