



Corporate Sponsorship Form

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.)

Check: \$ 400 should be made out to CMSA-Chesapeake.

Mail form and check to: **CMSA-Chesapeake**
P.O. Box 1816
Millersville, MD 21108

Check must be received by April 10th. Please call 410-978-2179 (Janet Reinsel) if there will be a delay in sending the check or for any questions.

Thank you for being a sponsor of the chapter.