

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)

Please fax to: (910) 343-4400, ATTN: NCAHCSP

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