

SPONSOR REGISTRATION FORM

Thank you for creating opportunity from conflict.

Company and Contact Name:

Address:

Phone:

Email Address:

Website:

SPONSORSHIP EVENT AND LEVEL

PLEASE CHECK ALL THAT APPLY (CHECK BOTH FOR MULTI-EVENT SPONSORSHIP)

EVENT: BOB SILVIA MEMORIAL GOLF TOURNAMENT, OCTOBER 1, 2015
 SPEAK YOUR PEACE LUNCHEON, MAY 11, 2015

BOB SILVIA MEMORIAL GOLF TOURNAMENT (DEADLINE 09/01/2015)

EAGLE BIRDIE PAR HOLE
\$1500 \$750 \$350 \$125

SPEAK YOUR PEACE LUNCHEON (DEADLINE 04/15/2015)

PEACEMAKER DIPLOMAT MEDIATOR
\$3000 \$1000 \$500

PAYMENT DETAILS

PLEASE RETURN THIS FORM WITH YOUR PAYMENT

CHECK Please make out to : The Mediation Center, 40 N. French Broad Avenue, Suite B, Asheville, NC 28801

CREDIT CARD

Name on Card: _____

Card #: _____

Expiration: _____ CVV: _____

INVOICE

Name: _____

Address: _____

Signature and Date: _____

Name and Title: _____

Please provide a high resolution logo image via email to whitneyc@mediatewnc.org.

For more information, please contact Whitney Cooper at 828-251-6089, ext. 212.

