



23rd Annual ANTSHE Conference 2020

Indianapolis, Indiana ~ April 2-4

SPONSORSHIP REGISTRATION FORM

I. Contact Information (Please type or print clearly)

Company/Organization _____

How the Company Name should appear on printed materials/electronic media including the Conference Journal/Program

Address: _____

City: _____ State: _____ Zip: _____

Contact Person: _____ Phone Number: _____

Email: _____ Second Contact Person: _____

Phone Number: _____ Email: _____

II. SPONSORSHIP PURCHASED

Which Sponsorship Package(s) are you reserving? _____

Is your institution/organization an ANTSHE member? Yes No

Cost of Sponsorship(s): _____ TOTAL COST: \$ _____

III. PAYMENT INFORMATION

Please provide credit card information with this completed contract. Reservations will not be accepted without credit card information.

Name on credit card: _____

Amount to be charged: \$ _____

Please charge my credit card now for the amount above.

I will send a check. I understand my credit card will be charged if payment is not received by March 18, 2020.

Payment Type: American Express MasterCard Visa Check

Note: Check payments must be received by ANTSHE by March 18, 2020.

Credit card number:

Billing Address: _____ Expiration Date: _____

Security Code: ____ Signature: _____

Once you have completed this form, save it, then send it as an email attachment to president@antsheboardofdirectors.org. If you prefer, mail your completed form to: ANTSHE, c/o Dr. Lee Viar, 19134 Olde Waterford RD., Hagerstown, MD 21742. Questions? Call 301-991-2222.