## Summer Bash Event SPONSORSHIP APPLICATION



Company Name:	
Company Representative:	No. Attending:
Company Address:	
City:	State: Zip:
Company Telephone:()	Company Fax:()
Email:	
I would like to be a: (Please check the	appropriate box)
Gold Sponsor. I have enclosed a paym	nent of \$550 (WNYESA Members pay \$500)
Please supply a table to dis	splay my company product. (No Table Fee)
Please Supply	/ Electric at my display table.
Silver Sponsor. I have enclosed a pay	ment of \$450 (WNYESA Members pay \$400)
Please supply a table to	display my company product. (No Table Fee)
Please Sup	ply Electric at my display table.
Bronze Sponsor. I have enclosed a page	yment of \$350 (WNYESA Members pay \$300
☐ Please supply a table to d	lisplay my company product. (No Table Fee)
Please Supp	oly Electric at my display table.
Payment Method: Check [ ] MasterCard [	] VISA[] AMEX[]
Name on Credit Card	
Card #	Exp Date/ CCV#
Card Billing Address	

Or make Check payable to: WNYESA, or Fax Credit Card payment to 716-632-1156 Attn: Cindi, OR scan & email this completed form to: cindiw@wnyesa.net