Sponsorship Form

Name of Compan	y:		
Address:			
Phone:	Fax:		
Representative: _			
e-mail:			
Sponsor Fee	\$750.00 full payment		
	yes I am interested in sp	onsoring an event at your	conference
	(Ple	ase circle)	
• Retirement ce	elebration	\$500.00	
• Retirement ce	elebration	\$500.00	
 Retirement ce 	elebration	\$500.00	
 Retirement ce 	elebration	\$500.00	
 Hospitality St 	uite	\$500.00	
 Conference m 	nemento	\$500.00	
• Conference m	nemento	\$500.00	
 Conference B 	reak	\$350.00	
• Conference B	reak	\$350.00	
 Conference B 	reak	\$350.00	

Please include any other information you would like included in our program. Make checks payable to **NYSCOPA.**

Mail this form with payment to: Francine Perretta

Westchester County Probation 111 Dr. Martin Luther King Blvd.

White plains, NY 10601