



AECF SPONSORSHIP APPLICATION

Name: _____

Company: _____

Phone: _____ Email: _____

Executive Sponsorship

Fee: \$800. 12-Month, Five Contact Sponsor Members

Please list the names and email addresses of FIVE people to list in our database as your “five” Contact Sponsor Members. These people will receive all correspondence and registration.

Contact Sponsor Member #1 _____

Email address: _____

Contact Sponsor Member #2 _____

Email address: _____

Contact Sponsor Member #3 _____

Email address: _____

Contact Sponsor Member #4 _____

Email address: _____

Contact Sponsor Member #5 _____

Email address: _____

Meeting Sponsorship

Fee: \$100. Single Meeting, Two Contact Sponsor Members

Start Date or Meeting Date: _____

Sponsorships must be paid in advance. Mail application and check payable to:

Atlanta Electronic Commerce Forum

PO Box 720441

Atlanta, GA 30358

Tax ID: 58-1897786

_____ AMEX _____ MasterCard _____ VISA

Credit Card # _____

Expiration Date: _____

Name: _____ *(name on credit card)*

Signature: _____