



AADE Houston Chapter Luncheon Sponsor Form

Sponsor

Company: _____

Name: _____ **Company:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Telephone: _____ **Email:** _____

Includes 2 Free Luncheon Passes to the 2 names below:

Name: _____ **Company:** _____

Email: _____

Name: _____ **Company:** _____

Email: _____

Sponsorship Cost: \$250 per Luncheon Date.

Luncheon Date options:

- ~~January 19, 2021~~
- March 4, 2021
- May 6, 2021
- September 2, 2021
- November 4, 2021
- December 2, 2021

Please email your logo to aadecarolyn@att.net so that proper recognition can be made during the luncheon and on our social media pages.

Credit Card Payment Option

- AMEX VISA MC DISCOVER

Total \$ _____ Billing Zip Code _____

Card # _____ Exp. Date _____

Your Full Name (as it appears on card) :

Signature: _____

Date: _____

Send Form and Payment to:

AADE Houston Chapter
 Attn: Carolyn Hendricks
 P.O. Box 107
 Houston, TX 77001-0107
 E-mail: aadecarolyn@att.net
 Phone: 281-293-9800

Make checks payable to:

AADE Houston Chapter