

Corporate Sponsor Registration Form

Date :

Organization			
Address			
TEL		FAX	
E-mail		URL	
Contact person		Title	
How would you like to contribute			
<input type="checkbox"/> Financial support	<input type="checkbox"/> One-time <input type="checkbox"/> Long-term		
<input type="checkbox"/> Contribution in kind			
<input type="checkbox"/> Employee volunteer program			
<input type="checkbox"/> Other			