

North Carolina Chamber
2010 Health Care Conference

Sponsorship Form (Information on Main Registrant Here)

Sponsorship Level/Amount: _____ Amount: _____

Main Registrant Name: _____

Title: _____

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

of Employees: _____

Payment Options (Check or credit card)

1. Check: Make check payable to the North Carolina Chamber in the amount specified and return with the attached form to:

Mail: 701 Corporate Center Drive, Suite 400, Raleigh, NC 27607

2. Credit Card: Fill out and return payment information and the attached form via mail to the address above, or return via fax to:

Fax: (919) 836-1425

Visa/MasterCard/Amex (circle one)

Card Number: _____ Exp.: _____

Name on Card: _____

Signature: _____