



SoACE Conference Sponsorship Form
Orlando, Florida
December 7-10, 2008

_____ Five Star Sponsor	\$10,000+
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- Please specify: _____
The value of the in-kind donation(s) will be credited toward the various sponsorship levels. Indicate the value of the donated item(s) on this form next to "Other Sponsorship Options".

All sponsors will be recognized in print (if received by October 15, 2008) and at the conference. Your organization/logo will also be listed on the SoACE web page and the conference web site.

Name _____ Organization _____

Address _____

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Phone _____ Email _____

Payment Format: We accept credit card, personal check or organization check.

If paying by credit card , please circle type: MasterCard VISA AMEX

Credit Card Number: _____

3 digit code: _____ Expiration Date: _____

Print name as it appears on card: _____

Provide billing address if different from above: _____

Signature _____ Date _____

Please make checks payable to: Southern Association of Colleges & Employers **FED ID# 74-1686904**

Mail payment to: SoACE, PO Box 4141, Frankfort, KY 40604-4141

Fax form to: 502-223-8223 (No cover sheet needed)