



## SPONSORSHIP FORM

### CONTACT:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Amount Enclosed:    \$1,000 \_\_\_\_\_    \$1,500 \_\_\_\_\_

### METHOD OF PAYMENT

☐ Visa

☐ American Express

☐ MasterCard

☐ Pay by Check

CREDIT CARD NUMBER \_\_\_\_\_ EXP DATE \_\_\_\_\_

Billing Address (if different) \_\_\_\_\_

SIGNATURE \_\_\_\_\_

**Please email to: [skuhns@instituteofcredit.org](mailto:skuhns@instituteofcredit.org) or fax to: NYIC Office at 203.378.7109**

#### **If paying by check:**

Make check payable to NYIC.

#### **Send payment to:**

NYIC

1341 W. Broad St

Stratford, CT 06615