



Annual Holiday Cocktail Reception

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 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

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