



## PRSA Alabama Sponsorship Agreement

Event: \_\_\_\_\_ Event Date: \_\_\_\_\_

Sponsor Name (as it should appear in promotion): \_\_\_\_\_

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

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

Tell us about your company/organization: (who you are and what you do...in 70 words or less)

Write in this space...

Company/Organization Contact: \_\_\_\_\_

Phone: \_\_\_\_\_ e-mail address: \_\_\_\_\_

Authorized signature of sponsor representative: \_\_\_\_\_

Name & Title (please print): \_\_\_\_\_

Value of Sponsorship: \$ \_\_\_\_\_

Type of Sponsorship (check one):  Cash  In-kind services

PRSA Alabama's Tax ID # is **636066616**

Authorized PRSA Representative: \_\_\_\_\_

Phone: \_\_\_\_\_ e-mail address: \_\_\_\_\_

Please e-mail this completed form, along with high resolution company/organization logo (JPEG format), to: Melanie Davis at [melaniek.davis@yahoo.com](mailto:melaniek.davis@yahoo.com). Checks should be mailed to: *Brookwood Medical Center, c/o Kelly Taylor, 2100 Brookwood Medical Drive, Birmingham Alabama 35209*