



Health & Business Fair 2016 Sponsorship Form

to benefit adults with developmental disabilities

SPONSORSHIP AGREEMENT FORM

Company Name: _____ Contact Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email: _____

Please check your selected sponsorship level(s):

"Empower" Sponsor—\$500
Will you be taking advantage of the booth space offered at this event?
 Yes No

"Enable" Sponsor—\$250
Will you be taking advantage of the booth space offered at this event?
 Yes No

"Enrich Sponsor—\$100

Please submit logo and ad (.jpeg preferred; .pdf format & word also accepted) to:
frs@life-skillsinc.org

Signature

Date

Please send this completed form with check made payable to:

Life-Skills, Inc.
44 Morris Street
Webster, MA 01570
Attn: Lisa Morgan