



Sponsorship Form

SPONSOR INFORMATION

Legal Name of Sponsor _____
Contact Name _____ Title _____
Address: _____
City/State: _____ Zip: _____
Telephone: _____ Fax: _____
E-mail: _____ Webpage _____

DESCRIPTION OF SPONSORSHIP

Name of Event Sponsored _____
Location of the Event _____
Date of the Event _____

SPONSORSHIP LEVELS

Please select one of the following levels:

[] PLATINUM \$ [] SILVER \$
[] GOLD \$ [] BRONZE \$

Dollar Amount of Sponsorship \$ _____

Sponsorship Payment Due Date ____/____/____ (dd/mm/yy)

Sponsorship is hereby made for the United States-Mexico Chamber of Commerce.

Payment by check:

Make checks payable to: **United States-Mexico Chamber of Commerce**
and mail them to: 1441 Brickell Ave Ste. 1400, Miami, Florida USA 33131

Payment by credit card:

Fill out the following information and fax it to (305) 374.7405

Please charge my credit card: Amex MasterCard Visa (a 2% of total amount will be charged)

For the amount of \$ _____ Name on credit card: _____

Credit Card Number: _____ Exp. Date: _____

Signature: _____

US-Mexico Chamber of Commerce

The Four Seasons Office Tower
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www.interamericanchapter.org

Thank you for your Sponsorship and Support!