

## 2023 Business & Organization Partnership Form (Please print clearly)

DATE:	BUSINESS NAME			
NAME OF BU	JSINESS OWNER OR OF	RGANIZATI	ON DLA MEM	MBER? YES / NO
NAME:		ADDRESS:		
PHONE:		-		
EMAIL:				
BOARD ORD	ER DETAILS: LIMIT 1 SP	ACE PER BI	USINESS OR OR	GANIZATION
ITEM	DESCRIPTION OF SPACE	QUANTITY	MEMBER PRICE	NON MEMBER
		_		
		_	_	
		-	_	
		-	_	
		-	_	
STANDARD SPACE		_	\$300.00	\$400.00
PREMIUM SPACE		-	\$500.00	\$600.00
BOARD CORNER SPACE (1-4)			\$600.00	NOT AVAILABLE FOR NON MEMBERS
		_	SUBTOTAL	
PAYMENT METHOD:			DISCOUNT	
SHIPPING METHOD:		-	TAX (LEAVE BLANK)	
DATE SHIPPED:		-	SHIPPING	
TRACKING:		-	TOTAL	
RECEIVED BY:		-	Thank you for	your support!