



30th Annual National Conference on Social Work and HIV/AIDS May 23-26, 2018

<http://nationalconferenceonsocialworkandhiv aids.com>



CONFERENCE PARTNER AGREEMENT FORM

- Yes! We/I would like to be a conference partner.
- Yes! We/I would like to be a conference partner and contribute \$_____ to the scholarship fund.

Scholarships are awarded to homeless individuals and community organizations in need of financial assistance. The availability of scholarship funds makes it possible for many dedicated individuals and groups to attend and their participation is a unique and indispensable part of the conference.

Contact Information

Organization Contact Person: _____

Email: _____ Phone: _____

List your organization's name as you would like it to appear in printed materials:

Information Table

Partners are welcome to purchase an information table to distribute or display your organization's resources for a special rate of \$250. Please complete this section if you would like to take advantage of this benefit.

- Check here if you would like to confirm an information table to distribute or display your organization's resources at the conference.

List the names of up to three staff members who will be working your information table.

(1) _____

(2) _____

(3) _____

Payment Information (please check the appropriate box):

[] Enclosed is a check in the amount of \$_____ made payable to *National Conference on Social Work and HIV/AIDS*.

[] I would like to pay by credit card, please call _____(name) at (_____) _____(phone) to process payment.

Please return your completed sponsorship agreement form via e-mail, fax, or mail:

Contact: Elizabeth Schultz
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