



SPONSOR INVOICE AND INFO FORM

BASIC INFORMATION

Sponsor Name (as displayed on website): _____

Representative Name (include phonetic spelling): _____

Sponsor Description (shows on website and event emails): _____

Additional information attached.

EVENT INFORMATION

Event: _____ **Date:** _____

Sponsor Level: \$ _____ Diamond (\$2,000) Platinum (\$1,500) Gold (\$1,000) Silver (\$500) Bronze (\$250) MCLE (\$500) Toast (\$1,500)

Logo/Image 1 attached (.jpg at 300 x 300 dpi): _____

Link/URL (or instructions): _____

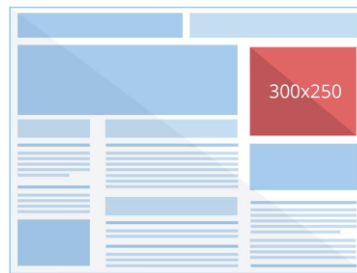
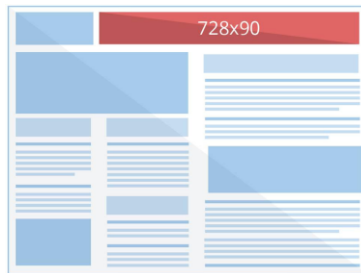
Additional information attached.

NEWSLETTER ADVERTISING

Preferred Quarter: First Quarter Second Quarter Third Quarter Fourth Quarter

Ad Placement: Top 728x90 (\$550) Side 300x250 (\$450) Bottom 728x90 (\$350)

Logo/Image 1 attached (.png or .jpg format): _____



PAYMENT

Payment Type: Check   Other: _____

Credit Card Number: _____ Exp. Date: _____ CVV: _____

Billing Address: _____

Cardholder Name: _____ Signature: _____

Please send payment and this form to:

SANTA MONICA BAR ASSOCIATION
 2461 Santa Monica Blvd., #529, Santa Monica, CA 90404
 Email: smbaoffice@smba.net

Please do not send a duplicate copy by mail if emailed