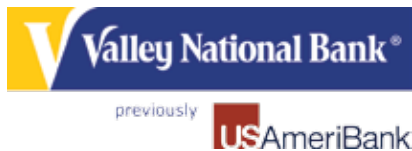


*We would like to thank our past luncheon sponsors!*



*Please consider joining this great sponsorship group.*

.. ..



## *Suncoast Chapter Partnership Form*

Please complete and return this form with payment to secure your partnership.

### AFP Monthly Luncheon Sponsorships

Month(s) \_\_\_\_\_ \$500 x \_\_\_\_\_ = Total \$ \_\_\_\_\_

### Partner Information

Contact Name \_\_\_\_\_ Company \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_ Company URL \_\_\_\_\_

### Payment *(full payment is required to begin partnership)*

Partnership Fee(s) \_\_\_\_\_ Amount Enclosed \_\_\_\_\_

Check (made payable to AFP Suncoast)

### Signature and Agreement *(The undersigned agrees to the conditions and benefits set forth in the Partnership Opportunities listing)*

Official Representative \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

### Please mail or email to:

AFP Suncoast, c/o Tammy Leventis, PO Box 1134, St. Petersburg, FL 33731, or Email: [tammy@mailcofla.com](mailto:tammy@mailcofla.com)

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