



# The Association of Black Psychologists

## 2017 Convention Sponsorship Commitment Form

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

Contact Person \_\_\_\_\_

Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Sponsorship Level/Event \_\_\_\_\_ Sponsorship Amount \_\_\_\_\_

Authorized Name and Signature \_\_\_\_\_

### PAYMENT INFORMATION

Check     Visa     MasterCard     AMEX     Discover

Purchase Order Number \_\_\_\_\_ (Required for Invoicing)

Credit Card Number \_\_\_\_\_ Exp.Date \_\_\_\_\_ CCV Code \_\_\_\_\_

Name on Card \_\_\_\_\_

Authorized Signature \_\_\_\_\_

*\*There is a 5% service charge for credit card payments*

**Please Return this Form with Payment no Later than June 15, 2017 to:**

The Association of Black Psychologists  
7119 Allentown Rd., Suite 203 Ft. Washington, MD 20744  
Phone: 301-449-3082 Fax: 301-449-3084 Email: [alewis@abpsi.org](mailto:alewis@abpsi.org)

**Please send company logo to [alewis@abpsi.org](mailto:alewis@abpsi.org) (in jpeg format, 300 DPI Resolution)**

**Make Checks Payable to: The Association of Black Psychologists**