



Request to Sponsor Form

Sponsor Information

Contact Name: _____ Company: _____

Address: _____ Province: _____ Postal Code: _____

City: _____ Fax: _____ Tel: _____

E-mail: _____ Website: _____

Event Information

Event Name: _____

Date: _____ Location: _____

Sponsorship Amount: _____ Sponsorship Level (if applicable): _____

Payment Information

Payment by Cheque (Payable to The Hamilton Law Association)

Payment by Credit Card | VISA | MasterCard | Invoice

Card Number: _____ Amount: _____

Expiry Date: _____ Cardholder Name: _____

Sponsor/Exhibitor Requests

Signature: _____ **Date:** _____

