

Sponsorship Registration				
PLA	TINUM	GOLI	ס	
\$7,500	Contribution or More	\$5,000 C	ontribution	
SILV	/FR	BROI	N7F	
	Contribution		linimum Contribution	
Company Name (as it will appear on publicity):				
Contact Person:		Phone:		
Address:				
City:	S	.ate:	Zip:	
E-Mail:Fax:				
Workshop Day: Platinum, Gold, and Silver sponsors are invited to participate in Sponsor Workshop Day on Wednesday, September 3rd (see Sponsorship Levels and Information form for details). Return this form and sponsorship contribution no later than <u>April 11, 2014</u> , and I will contact you with more information and to discuss details regarding available space and time slot assignments. Yes, I am interested in Sponsor Workshop Day				
No, I am not interested in Sponsor Workshop Day				
Δ	All Sponsorship contribution	ns are due hy	Anril 11 2014	
Please make checks payable to NCTA OR pay by credit card (circle one):				
	VISA Mas	DISCOV	ER vus*	
Card Holder Name:				
	Version M. I	DI.	470 575 2040	
Please return this completed form to:	Yassaman Mirdamadi Director of Testing Services	Phone: Fax:	479-575-3948 479-575-4608	
completed form to.	1 University of Arkansas 1435 W. Walton Street	E-Mail:	ymirdam@uark.edu	
	Fayetteville, AR 72701			