



2011 SPONSORSHIP AGREEMENT FORM

Business: _____

Contact Name: _____

Address: _____

City, State, Zip: _____

Telephone: _____ Fax: _____

Email: _____

_____ \$10,000 Presenting Sponsor
EXCLUSIVE

_____ \$ 500 Patron Sponsor

_____ \$ 5,000 Supporting Sponsor

_____ \$ 100 For-profit Vendor

_____ \$ 2,500 Event Sponsor

_____ \$ 50 Not-for-profit Vendor

_____ \$ 1,000 Partner Sponsor

Check (enclosed) Amount: \$ _____

Card # _____

Exp date: _____ CVV Code _____

Name on card (please print) _____

Signature _____

Make all checks payable to DSOSN and mail to:

5300 Vegas Drive

Las Vegas, NV 89108-2347

Fax this form to 702-648-2020

or donate online at www.dsosn.org

If you should have any questions, please feel free to call 702-648-1990

Or email at dcline@dsosn.org