

Awards2011Rev. Sep 2010
EduSerc, Inc.**Awards Sponsorship Form**For Official Use:
Date Received: _____**Instructions:** Complete this form in its entirety and mail the form to EduSerc, Inc. P.O. Box 2536 Laurel, MD 20709. Remit the appropriate in-kind donations or sponsorship in the form of a check or money order payable to EduSerc, Inc.**NOTE:** All information is used to identify potential scholarship opportunities, internships, programs and other career related resources for the participant**1) Individual & Organization Information**

1a Full name

1b Organization Name

1c Job Title / Occupation (if applicable)

1d Mailing Address (room, apt, suite no, P.O. box)

1e City, State, Zip Code

1f County or municipal

1g Phone

1h Fax

1i Email

1j Web Address (if applicable)

2) Sponsor Designation

Specify your type of sponsorship

▶ General Sponsor ▶ In-Kind / Activity Sponsor**3) Organization Overview**

(2 – 3 sentences about your organization)

4) Target Audiences For Your Business▶ Elementary Students ▶ Middle/High School Students ▶ College Students ▶ Adults / Parents ▶ Schools / School Systems**5) Please describe the items, supplies or equipment you will provide (if applicable)****6) Please describe any other types of contributions.****7) Sponsorship Selection****Table of 10 (only)**Quantity: ____ x \$5,000 – CorporateQuantity: ____ x \$1,500 – College / NonprofitQuantity: ____ x \$750 – School /EducatorsNOTE: Purchase directly from EduSerc via
www.eduserc.org/awards or this form

Conference Sponsorship	Sponsorship	Quantity	Other Amount	Total Sponsorship
National	<input type="checkbox"/> \$50,000			
Regional	<input type="checkbox"/> \$40,000			
State	<input type="checkbox"/> \$35,000			
County	<input type="checkbox"/> \$30,000			
Community	<input type="checkbox"/> \$25,000			
School	<input type="checkbox"/> \$15,000			
Classroom	<input type="checkbox"/> \$5,000			
Student	<input type="checkbox"/> \$2,500			
Supporter	<input type="checkbox"/> \$1,000			
Other Sponsorship _____	<input type="checkbox"/> _____			
In-Kind Sponsorship (Please Describe):				

Method of Payment Master Card Visa AMEX Check / Money Order (Make Payable to EduSerc, Inc.)

Name of Cardholder: _____ Billing Address: _____

Credit Card Number: _____ Billing City/State/Zip: _____

Expiration Date: ____ / ____ Security Code: _____ Billing Phone: _____