



Sponsorship Agreement

Date of Agreement: _____

Event Name: _____

Date of Event: _____

Sponsorship Level: _____

Company Name: _____

Company Address: _____

Company Phone Number: _____

Contact Name: _____

Contact Email Address: _____

Amount Due: _____

All sponsorship levels are on a first come, first serve basis and are subject to committee approval. If there are any changes necessary in the any of the packages, the committee will notify the sponsor(s).

We accept checks and credit cards. If paying by check, please mail it to the following address. If paying by credit card, log on to www.bmahouston.com and click "Pay Invoice" at the bottom of the home page. Enter the invoice number in the box labeled "This payment is for" and follow the directions for entering your credit card information. If you have any questions, call Linda Ives, BMA-Houston Executive Director, at 713.723.1325.

Mailing Address: BMA Houston
P.O. Box 710350
Houston, TX 77271-0350
Phone 713.723.1325/Fax 713.723.1326
Email: info@bmahouston.com

Accepted by: _____

Date Accepted: _____

Thank you for your support of BMA-Houston