

## SPONSORSHIP FORM

Contact Name(s) \_\_\_\_\_ Company \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State/Province \_\_\_\_\_

Zip/Postal  
Code \_\_\_\_\_ Country \_\_\_\_\_ Email \_\_\_\_\_

Bus. Phone \_\_\_\_\_ Fax \_\_\_\_\_ Mobile \_\_\_\_\_

Home Phone \_\_\_\_\_ Email #2 \_\_\_\_\_

Enclosed is my/our \_\_\_\_\_ check or \_\_\_\_\_ credit card authorization in the amount of \$ \_\_\_\_\_.

For the specific sponsorship services: \_\_\_\_\_

Billing Zip Code \_\_\_\_\_ VISA/MC/AMEX (circle) # \_\_\_\_\_

Expiration Date \_\_\_\_\_ CID # \_\_\_\_\_ Name on card \_\_\_\_\_

Authorizing Signature \_\_\_\_\_ Date Signed \_\_\_\_\_

Contact: Rob Morgenroth, Director of Development, Visual Effects Society

Please make check payable to Visual Effects Society  
Mail to: 5535 Balboa Blvd., Suite 205, Encino, CA 91316  
Tel: 818-981-7861 Fax: 818-981-0179 Email: [rob.m@visualeffectssociety.com](mailto:rob.m@visualeffectssociety.com)  
Federal Tax ID# 95-4610023