



**P.O. Box 888110**  
**Atlanta, Georgia 30356-8110**  
**(770) 234-9902**

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## **Take Charge. Get Tested. Event**

**June 27, 2008**

### **Participant Commitment Form**

Please complete this commitment form to indicate participation level and other pertinent information. Upon receipt of this form an invoice will be forwarded.

**NAME (Contact Person)** \_\_\_\_\_

**TITLE** \_\_\_\_\_

**COMPANY** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**PHONE** \_\_\_\_\_ **FAX** \_\_\_\_\_

**EMAIL** \_\_\_\_\_

**LEVEL OF PARTICIPATION:**

\_\_\_\_\_ **PARTNER LEVEL \$500**

\_\_\_\_\_ **SPONSOR LEVEL \$150 (Cash or In-Kind)**

<b>Payment Information</b> <i>(Please Type of Print Clearly)</i>	
<b>Credit Card (check type):</b> American Express <input type="checkbox"/> Visa <input type="checkbox"/> Discover <input type="checkbox"/> MC <input type="checkbox"/>	<b>Card Number, Expiration Date:</b>
<b>Cardholder:</b>	<b>Check Number, Date:</b>

**Authorized Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Make check payable to **Empowerment Resource Center, Inc.**  
Mail all payments to P.O. Box 888104, Atlanta, Georgia 30356-8104.

Sponsorship commitments received by June 20, 2008 will ensure inclusion in printed materials. Please forward your camera-ready logo to [jbrown@EmpowerYoungWomen.org](mailto:jbrown@EmpowerYoungWomen.org).

THANK YOU FOR YOUR SUPPORT!