

Sponsor Name:

Contact Name: _____ Bill to: [] Sponsor [] Agency _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____
E-mail: _____

Agency (if applicable):

Contact Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____
E-mail: _____

Mini Salary Survey Sponsorship

RATE: \$1,000

MINI SALARY SURVEY SPONSORSHIP INCLUDES:

- 12 months of sponsorship
- Logo acknowledgement on promotional e-mails about the survey
- Logo on infographic (PDFs) created from survey results that can be viewed/downloaded from the ANFP Resources page of the website

COST

Total Net Cost: \$ _____

Unless otherwise noted, sponsorship will be invoiced during the first month it is scheduled to run.

Delinquent invoice payments may result in a hold on future orders until delinquent account has been paid in full.

Cancellation policy: Cancellations must be received in writing no later than 30 days from sponsorship start date.

Authorized Signature: _____ Date: _____

**Rates are net and non-commissionable*