

Agreement of Partnership

Company Name: _____

Address: _____

Contact Name: _____ Contact Fax: _____

Contact Email: _____ Contact Phone: _____

Sponsor Selection:

- ☐ Platinum Partnership
- ☐ Gold Partnership
- ☐ Silver Partnership
- ☐ Bronze Partnership
- ☐ Other Partnership: \$ _____

Please return completed form to the address below or email form to shpenj.vp@gmail.com. All checks should be mailed payable to SHPE NJ.

Attention to: Irene Rivera Ruiz
10 Lafayette Ave #411
Morristown, NJ 07960

Note that all Partnership is 100% tax deductible

Thank you for your generous contribution!

Signature: _____ Date: _____

Reviewed and Approved by:

SHPE President Signature: _____ Date: _____