

CTAA 2009 TRADESHOW SPONSORSHIP REGISTRATION FORM

Type of Sponsorship: _____

Company Name: _____

Contact: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

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Credit Card Payment

Master Card

Visa

American Express

Name: (as it appears on card) _____

Amount: _____

Card #: _____ Exp. Date: _____

Signature: _____ Date: _____

Please make checks payable to ***the Connecticut Apartment Association*** and mail to:
CTAA 330 Main Street, 3rd Floor, Hartford, CT 06106
Phone: 860.722.9922 Fax: 860.541.6484

** Please email your company logo to valerie@ctcapitolgroup.com **