Sponsorship Form

The Central Florida Association of Health Underwriters would like to invite you and your company to sponsor our Annual Holiday Party at An Tobar, 600 North Lake Destiny Road, Maitland, FL 32751 on Thursday 12/9/2021 from 5:30-8:30pm.

If you have any questions or need further assistance please contact: Dave Sherrill 407-831-5000

Holiday Party Sponsor-includes logo with link in December newsletter and party invitations and opportunity to set or hand out materials at the meeting and admission for 1 to event: $250

Interested in bundling this with any other CFAHU sponsorships? We're happy to discuss. Reach out to Dave Sherrill at dave@sherrillins.com or 407-831-5000.

Sponsorship Agreement

Company Name _____ **Amount** $250

Address _____ **City** _____ **State** FL **Zip** _____

Contact _____ **Phone** _____ **E-mail:** _____

Form of Payment: ☐ Check ☐ AmEx ☐ Visa ☐ MC

Name (As it Appears on the Credit Card) **Signature** **Date**

Account Number **Expiration Date** **Security Code**

Billing Address **City** **State** **Zip**

Please fill out this form completely and return via/ e-mail or fax. Please **make checks payable to CFAHU** and send, along with this form to: **CFAHU, P.O. Box 160790 ▪Altamonte Springs, FL 32716-0790 / Fax: (407) 831-2990**
Email: dave@sherrillins.com