

Web Site Sponsorship Order Form

Home Care Association of Colorado's Web Site: www.hcaonline.org

Date Submitted: _____

Company logo will remain on web site for 12 months from date of actual posting.

Company _____

Contact Person _____

Title _____

Mailing Address _____

City/State _____ Zip code _____

Phone Number (_____) _____ Fax (_____) _____

Email _____ Website _____

\$500 Annual Sponsorship: Sponsor logo and link on HCAC's web site for a full year.

Description of products / services: _____

Amount Due \$ _____

MasterCard* VISA* American Express* Check attached

*Cardholder's name (*print*) _____ Signature _____

*Card # _____ / _____ / _____ Exp. _____ / _____

RETURN WITH PAYMENT TO:

Home Care Association of Colorado

7400 East Arapahoe Road, Suite 211, Centennial, CO 80112
303-694-4728 / Fax 303-694-4869 / hcac@assnoffice.com
www.hcaonline.org

For HCAC Use

Rec'd _____ Paid \$ _____ Ck#/CC _____ Auth _____

Q _____ Inv/date _____ Due\$ _____ Posted _____ Note _____