



**Yes, I want to support IVAS as a Needle Partner Through
June 30, 2017!**

Company Name: _____

Contact Person: _____

Title or Position: _____

Address: _____

City: _____ State: _____

Country: _____ Zip/Postal Code: _____

Phone: _____ Fax: _____

Email: _____

Website: _____

Please choose level of partnership:

- US\$1,000.00 – Platinum Needle Partner
- US\$750.00 – Gold Needle Partner
- US\$500.00 – Silver Needle Partner

This Partner Application represents my company's commitment to be a corporate partner of IVAS for the 2016-2017 year.

Signature Title Date

Please charge US\$_____ to the following card:

- VISA MasterCard American Express

Name on Card: _____

Credit Card Number: _____

Expiration Date: _____ Security Code: _____ Billing Postal Code: _____

Signature: _____

If paying by check: Make checks payable to IVAS. All checks must be drawn on US banks.