

CONTACT INFORMATION

Company/Name *(As it should appear on marketing materials)* _____

Executive Contact _____ Title _____

Email Address _____

Mailing Address _____ City _____ State _____ ZIP _____

Phone _____

Alternate Contact (If different than above) _____

Email Address _____

Mailing Address _____ City _____ State _____ ZIP _____

Phone _____ Fax _____

PARTNERS IN SCIENCE LEVEL *(Check one)*

☐ Premier | \$5,000

☐ Executive | \$2,500

☐ Partner | \$1,000

☐ Friend | \$500

Purchase of additional admission passes at \$12 per pass: _____ passes X \$12 (group rate) = _____

Total due: _____

BILLING INFORMATION *(Check one)*

☐ Enclosed is my check payable to CSC

☐ Please charge my: ☐ Visa ☐ MasterCard ☐ Discover

Card # _____ Exp. Date _____

Security Code _____ Signature _____

☐ Please invoice me according to the following schedule:

☐ Monthly

☐ Quarterly

☐ Bi-Annually

☐ Annually

COMPANY LOGO for Premier & Executive Levels *(Check one)*

☐ I will e-mail my company's logo to marketing@catawbascience.org

☐ Please contact _____ for my company's logo

Phone _____ Email Address _____

PLEASE RETURN THIS COMPLETED FORM & EMAIL TO: DONORRELATIONS@CATAWBASCIENCE@ORG
or MAIL TO CSC PO Box 2431, Hickory, NC 28603