



CORPORATE/CONTRIBUTOR SPONSORSHIP AGREEMENT

Mission: The Mission of the North Central Texas Trauma Regional Advisory Council is to promote and coordinate a system of quality trauma, acute, and emergency healthcare and preparedness in North Central Texas.

Sponsor Information

Company: _____

Contact Name: _____

Billing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email Address: _____

Please list me as an Associate Member as part of my donation below.

Signature: _____ Date: _____

Sponsorship Amount and Payment Information

Corporate Sponsorship

- Events (amounts as contracted per event, see attached)
- General Membership (minimum \$1,000.00 net*)
- Committee/Workgroup (minimum \$500.00 net*)
- *Other Amount _____

*net amount not to include any meals or other tangible products provided as part of sponsorship

Contributor / Individual Sponsorship

- \$50.00
- *Other Amount _____

Payment Information:

- I wish to be billed
- Check is included (Checks can be made payable to the North Central Texas Trauma Regional Advisory Council)
- I wish to pay by credit card and/or PayPal

Important Information

- This is an unrestricted sponsorship/grant that will result in furthering the mission of NCTTRAC.
- If sponsorship is approved, fee is non-refundable.
- Please fax or email signed form to Admin@ncttrac.org or 817.608.0399
- Mail to: 600 Six Flags Drive, Suite 160, Arlington, TX 76011

-----BELOW THIS LINE FOR NCTTRAC USE ONLY-----

RECOMMEND / NOT RECOMMEND

NCTTRAC Staff Recommendation	Comments (if any)	Initials	Date
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APPROVED / DISAPPROVED

NCTTRAC Board Review Discussion	Comments (if any)	Initials	Date
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