



2019 Corporate Partnership Application

Please complete all sections and return to the AAC office by email at admin@azchiropractic.org, or by mail at 4315 N 12th Street, Suite 200, Phoenix AZ 85014. If you have any questions, please call (602) 246-0664.

Company Name _____

Address _____

City/State/ZIP _____ Email _____

Phone _____ Fax _____

Website _____

PRODUCT /SERVICE DESCRIPTION

Please describe your business: _____

Main Contact _____ Title _____

Secondary _____ Title _____

REFERENCE (OPTIONAL)

Please list a reference that is familiar with your business. This reference may be either: a) a current member or b) a senior staff member of another professional association similar to the AAC to which you belong as a corporate partner or sponsor. Such associations do not need to be within Arizona, nor do they have to be chiropractic-related.

Name _____ AAC Member Professional Association

Phone _____ Email _____

CORPORATE PARTNERSHIP LEVELS (select one)

PLATINUM \$4,000/yr. GOLD – \$3,000/yr. SILVER – \$2,000/yr. CORPORATE MEMBER – \$500/yr.

****All convention exhibitors must become a corporate member.***

Booth Number Choice (select top 3 choices) **** Booth choice based on first come-first serve***

PAYMENT

My check for \$_____ is enclosed

Charge my VISA / MASTERCARD / DISCOVER / AMERICAN EXPRESS

Card Number _____ Exp. _____ Security Code _____

Name on Card _____

Signature _____ Date _____

Cancellation Policy: 45 days + = 50% Refund Under 30 days = No Refund NO EXCEPTIONS

By submitting this application, you are agreeing to abide by the AAC Corporate Membership Policy.