
Sponsor Information

Company: _____

Contact: _____ Title: _____

Phone: _____ E-Mail: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Sponsor Opportunities

Opportunity: _____ Cost: \$ _____

Opportunity: _____ Cost: \$ _____

Opportunity: _____ Cost: \$ _____

Opportunity: _____ Cost: \$ _____

Opportunity: _____ Cost: \$ _____

Total: \$ _____ Notes: _____

Signature

I acknowledge that as an authorized representative of the above Sponsor, I have reviewed, and agree that Sponsor will comply with the Policies for Exhibitors and Other Organizations at SOHO Meetings available on <https://soho.click/2025>. This sponsor application will become a contract upon authorized signature and SOHO's acceptance and approval.

Sponsor Signature: _____ Date: _____

Printed Name: _____ Title: _____

Payment Methods

☐ **Credit Card Payment** - American Express, MasterCard, Visa, Discover (a 4% surcharge will be applied to all credit cards)

Card Number: _____ Expiration: _____ CCV Code: _____

Name (on the credit card): _____ Amount to be charged: _____

Billing Address: _____

Signature: _____

(Your signature authorizes your card to be charged for the total amount due (including the 4% surcharge). SOHO reserves the right to charge the correct amount if different from the total listed. Cardholder is responsible for any changes in the exchange rate).

☐ **Invoice** – SOHO will invoice; payable directly to **SOHO**. Full payment is due net 30 days
