YOUR BENEFITS AND COMPENSATION ASSOCIATION

PEBA Sponsor Application

Name	Title	
Company		
Address		
Phone	Fax	Email

PEBA Program Sponsorship- Please List Program Title and Date

1.

Cost: $500.00

Payment: ☐ Check enclosed (*make check payable to PEBA*) ☐ Amex ☐ MC ☐ Visa

Credit Card:

Name on Card:

Expiration Date:

Signature:

I have read the sponsorship benefits listed on the sponsorship page on PEBA's website.

_____ Signature

_____ Date

Mail or fax this form with payment to
PEBA, 1528 Walnut Street, Suite 420, Philadelphia, PA 19102
Fax: 215-735-9479 or Phone: 215-735-9435
Email: peba@peba.org