



## 2021 CONVENTION SPONSOR APPLICATION

Company Name (as you would like it listed): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Website Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Email: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Signature: \_\_\_\_\_

### Payment Information

#### Sponsorship Packages

- |   |                 |
|---|-----------------|
| <input type="checkbox"/> Platinum (Level 1) | \$10,000+       |
| <input type="checkbox"/> Gold (Level 2)     | \$5,000-\$9,999 |
| <input type="checkbox"/> Silver (Level 3)   | \$1,000-\$4,999 |
| <input type="checkbox"/> Bronze (Level 4)   | \$500-\$999     |

- My check made payable to BVA National Convention is enclosed.

Mail your check to BVA National Convention, 1101 King St Suite 300, Alexandria, VA 22314

- Charge my credit card:       AMEX       MasterCard       VISA

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CVV2 \_\_\_\_\_

Amount Authorized: \$ \_\_\_\_\_

Name on Card (please print): \_\_\_\_\_

Signature: \_\_\_\_\_

Billing Address (if different): \_\_\_\_\_

Total Amount Payable To: Blinded Veterans Association, 1101 King St Suite 300, Alexandria, VA 22314  
Accounts Payable, ap@bva.org