

CWEA Advertising and Sponsorship Order Form

PLEASE PRINT OR TYPE YOUR INFORMATION

FIRST NAME: _____ LAST NAME: _____

AGENCY/COMPANY: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER: () _____ FAX: () _____ E-MAIL: _____

For payments by check or money order, make payable to: **CWEA MARKETING**

Check here to be invoiced

For payments by credit card, please indicate:

VISA MASTERCARD DISCOVER AMEX SIGNATURE: _____

Account number: _____ Expiration date: _____

Name of account holder: _____ Billing zip code: _____

Send credit card payments to Alec Mackie: amackie@cwea.org / fax (510) 382-7810
Please mail your check: CWEA MARKETING, 7677 Oakport Street, Suite 600, Oakland, CA 94621-1935

| Item | Price | Months | TOTAL |
|--------------|-------|--------|-------|
| | | | |
| | | | |
| | | | |
| | | | |
| GRAND TOTAL: | | | |

WHO WILL SEND US THE ARTWORK?

FIRST NAME: _____ LAST NAME: _____

AGENCY/COMPANY: _____

PHONE NUMBER: () _____ E-MAIL: _____

SIGNATURE: _____ DATE: _____

Contact us and
we'll customize
a program to
fit your needs.

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