

OPTICIANS ASSOCIATION OF ILLINOIS
2009 Sponsorship Contract

We (vendor name) _____ enter into this with the **Opticians Association of Illinois** to become a major sponsor for the complete calendar year of 2008.

We (vendor name) _____ choose to become a **2009 SPONSOR** of the Opticians Association of Illinois. We understand that a \$375.00 payment made to the Opticians Association of Illinois on or before November 30, 2008 will give the Opticians Association of Illinois ample time to give all the recognition that comes with this sponsorship.

Vendor Name _____

Contact Person _____

Address _____

City _____

Phone _____

E-Mail _____ Website _____

Authorized Signature _____

Date _____

Please complete and mail with payment to:

Opticians Association of Illinois
Sponsorship Program
P. O. Box 9283
Peoria, IL 61612-9283