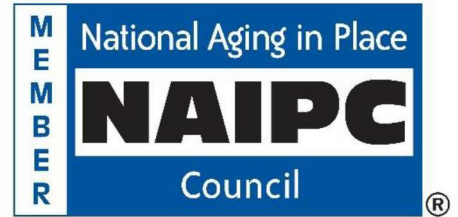


Sponsor Payment Form



Directions: Please provide your contact information below.

Sponsor Contact *All information must be completed

Name _____

Firm _____

Address _____

City _____ State/Province _____ Zip/Postal Code _____

Telephone Number _____ Fax Number _____

Email Address _____

Sponsorship Level/Amount: _____

Purpose for Sponsorship: _____

Chapter (if applicable): _____

Payment

Check Visa MasterCard AmericanExpress

(Check payable to NAIPC OR National Aging in Place Foundation)

Total Payment Amount \$ _____

Credit Card Number _____ Security Code _____ Exp Date MM/YY _____

Cardholder Name _____

Billing Address _____

Billing State/Province _____ Billing Zip/Postal Code _____ Country _____

PLEASE FORWARD TO:

NAIPC@AGEINPLACE.ORG

OR

FAX: 714-908-7511

OR

MAIL: NAIPC PO Box 3741 COSTA MESA, CA 92928