

CyberTitan II Partner/Sponsorship Form



Date (MM/DD/YYYY):

Organization/Company Name (Billing information)

Organization Name:

Billing Contact

Phone number:

E-mail address:

Street address:

City/Town:

Province/Territory/
State:

Postal code:

Contact Information (if different from Company/Organization)

First name:

Last name:

Phone number:

E-mail address:

Street address:

City/Town:

Province/Territory/
State:

Postal code:

Sponsorship/Partnership Level

Payment Method:

Additional information/request/Special Instructions:

I am interested in partnering for 2 or more years (15% discount will apply).

Yes No

Is your organization tax exempt?

Yes No

If yes, exemption number: