

GITA Phoenix Conference Sponsor Application

Submit by February 16, 2018

Fax selections & application to 844 - 223 - 8218 or email to events@gita.org

Company _____

Primary Contact Person _____

Address _____ City, State, Zip Code _____

Phone _____ Email _____

Names of registrants for Conference (based on number of registrants included in package selected)

Name	Phone	Email
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Name	Phone	Email
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Please indicate any personal requirements for registrants above: _____

PAYMENT OPTIONS

Check: Payable to GITA or Geospatial Information & Technology Association
Mail to 1360 University West, Suite 455, **St. Paul, MN 55104 (please also**
FAX application to 844 - 223 - 8218 or email to events@gita.org

Credit Card: Visa MC Amex Discover

Credit Card Number: _____ Exp Date: _____ Security Code: _____

Name on Credit Card: _____

Signature of Cardholder: _____

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