



Sept.15 Oct.13 Nov.10

## CRMA LIVE! REGISTRATION FORM

Name \_\_\_\_\_

Business \_\_\_\_\_

Email \_\_\_\_\_

### DONATION INFORMATION

Amount \_\_\_\_\_  Check Enclosed  Credit Card Payment

Credit Card # \_\_\_\_\_

Name on Card \_\_\_\_\_

Exp. Date \_\_\_\_\_ SEC Code \_\_\_\_\_

Signature \_\_\_\_\_

**SPONSOR INFORMATION**

**Presenting Sponsor** \$5,000

**Title Sponsor** \$2,500

**Supporting Sponsor** \$1,000

**Friend of CRMA** \$500

### PAYMENT METHODS

BY EMAIL: Fill out, scan and email this form, to: [tim@crmaonline.com](mailto:tim@crmaonline.com)

BY PHONE: Call Tim at (860) 527-1044

BY MAIL: *Send form and check to:*

CRMA, PO. Box 3337, Pepe's Farm Road, Milford, CT 06460