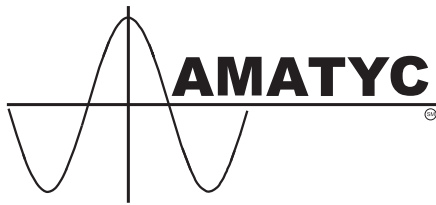


American Mathematical Association of Two-Year Colleges



Corporate Partnership 2010 Reservation Form

Contact Information

Contact Name _____ Date _____

Title _____

Company Name _____

Street Address _____

City _____ State _____ Zip _____

Email Address _____

(_____) _____ (_____) _____
Phone Fax

Billing Information

Billing Contact Name _____ Date _____

Title _____

Company Name _____

Street Address _____

City _____ State _____ Zip _____

Email Address _____

(_____) _____ (_____) _____
Phone Fax

Choose One: Gold Corporate Partnership - \$13,000 Silver Corporate Partnership - \$8,000

Payment: One third due upon receipt of reservation form. The balance is due in two equal payments, one due within three months of the reservation date, the second due within six months of the reservation date. An invoice will be mailed as a reminder.

First Payment: Check Number: _____

Credit Card: Visa MasterCard Discover

Amount: \$ _____

Credit Card # _____ Expiration Date _____

CVV Code (three digits on back of card) _____ Signature _____

Address on card (if different from above) _____

Return this form and Payment to:

AMATYC Office
Attn: Christy Hunsucker
5983 Macon Cove
Memphis, TN 38134
Phone: (901) 333-6243, Fax: (901) 333-6251
Email: chunsucker@southwest.tn.edu

Direct Questions to:

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