

AMERICAN
SOCIETY OF
INTERIOR
DESIGNERS



OHIO SOUTH/KENTUCKY

Sponsorship Payment Form

Date: _____

Please Indicate your Sponsorship Level here: _____

Please Indicate "Other" Sponsorships here: _____

Company Name: _____

Contact Name: _____ Contact Phone Number: _____

Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____

ASID Industry Partner Membership Number: _____

Sponsorship can be Paid with a Credit Card or Check

Credit Card Payment

American Express _____ Visa _____ Master Card _____

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

Name on Card: _____ Billing Zip Code: _____

Total Remitted: _____

Signature: _____ Date: _____

Check Payment

Make Checks Payable to: **ASID Ohio South/Kentucky**

Mail Check to: **3644 Werk Road 58137 Cincinnati Ohio 45258**

Chapter Administrator Contact Number: **(800) 530-2743**

Check Number: _____

Total Remitted: _____

Date
Payment Received: _____
(Office Use Only)