

Corporate Sponsorship Commitment Form

I / We would like to support APLI for **Year 20**___ as a

Gold Sponsor \$1000 Silver Sponsor \$500 Bronze Sponsor \$200

Contact Information

Name: _____

Organization: _____

Position: _____

Phone Number: _____

Email: _____

Web Address: _____

Please provide Company Logo for acknowledgement of sponsorship on APLI's website.

Signature: _____

Payment

By Interac e-Transfer to: aplisponsorships@gmail.com

Or by cheque payable to:

The Association of Professional Language Interpreters
P.O. Box 31338, Bayview 16th Ave. P.O.
Richmond Hill
Ontario L4C 0V7

Upon receipt of payment, APLI will issue a receipt for your records.

Terms and Conditions:

Sponsorship is valid for the specified calendar year.
APLI reserves the right to decline and/or revoke sponsorships.