



Lunch Sponsor Form

Vendor Information

Company: _____

Contact: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Fax #: _____

E-mail: _____

Sponsorship Amount: \$5,000.00

Please fill out form and the credit card authorization and fax LVSA:

Fax: 310-381-2906

Or mail your check payable to Las Vegas Spa Association to:

LVSA-Sponsorship
3935 West Reno Ave. Suite I
Las Vegas, NV 89118
Attn: Michael Garvey

Please e-mail your company logo to: haaker@lvspas.com