



# Lunch Co-Sponsor Form

## Vendor Information

Company: \_\_\_\_\_

Contact: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Sponsorship Amount: \$3,000.00**

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](mailto:haaker@lvspas.com)