

RESOURCE PARTNERS REGISTRATION FORM

Contact Information:

Name: _____
Company: _____
Address: _____
City/State/Zip: _____
Telephone: _____
Fax: _____
E-mail: _____

Billing Information: (Make check payable to TAHRA & mail to P.O. Box 748 Maumee, OH 43537)

Credit Card #: _____
Expiration: _____
Name on Card _____
Street Address: _____
City/State/Zip: _____
Telephone: _____
E-mail: _____

Special Instructions:

If selecting a package/multiple sponsorships, please provide any additional information necessary to process your order (e.g., multiple months: identify which months).

Pre-paid sponsorships:

- I have already paid for one of the noted sponsorships. Please adjust my balance due accordingly. Amount paid: _____

Please Attach:

- Digital copy of Company Logo
 Preference for 30-second commercial (general membership meeting)--
 TAHRA to read
 Present myself
 Record and provide to TAHRA

Thank you for your support of Toledo Area Human Resource Association! Please feel free to contact the 2013 RP Chair if you have any questions:

Michelle Willard
(419) 259-2709

resource.partner@toledoshrm.org