



**Parents Internet Security Awareness Course
Sponsorship Form**

Salutation:	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.
First Name:	
Last Name:	
Company:	
Position Title:	
Address 1:	
Address 2:	
City:	
State/Province:	
Zip/Postal Code:	
Country:	
E-mail:	
Phone:	
Fax:	
Is there a specific school or school district in your area that you would like us to reach?	

Upon receipt of the fax or electronic submission, an invoice will be issued to you and/or your company for the amount of: \$2500 per session.

Yes _____ is interested in sponsoring this important course for the community of _____. Please send an invoice to the address provided.

Number of courses to sponsor?	
Preferred Dates & Times of courses	

No _____ is not interested in sponsoring this important course to the community.

Signature

Date