

Eastern Travel Association

"The Pursuit of Travel Excellence through Education"

SPONSORSHIP APPLICATION FORM

Your Name _____

Company Name _____

Billing Address _____

Phone # _____ City _____ State _____ Zip Code _____
Fax # _____

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Website Address _____

Requested Month of Sponsorship _____

Brief Product Description

AV / Requests; Special Needs

Our membership looks forward to your presentation. If you have any questions, please contact:

Cindy Schiffer
E.T.A. Sponsorship Chairperson
Berman Travel
3740 W. Chew Street
Allentown, PA 18104