

California CLETS Users Group [Tax ID # 20-4416174]
2025 Corporate Sponsorship/Membership Invoice



This form can be completed online at www.ccug.org/vendors/v-invite
(select sponsorship level at bottom of page)

P.O. BOX 8564
Alta Loma, CA 91701

DATE	<input type="text"/>	<input type="radio"/> Diamond Sponsor (\$2500)	<input type="radio"/> Platinum Sponsor (\$2000)	<input type="radio"/> Gold Sponsor (\$1500)
COMPANY NAME	<input type="text"/>	PRIMARY CONTACT	<input type="text"/>	
MAILING ADDRESS	<input type="text"/>	E-MAIL ADDRESS	<input type="text"/>	
CITY, STATE, ZIP CODE	<input type="text"/>	OFFICE PHONE	FAX NUMBER	<input type="text"/>
COMPANY WEBSITE	<input type="text"/>	CELL PHONE	OTHER PHONE	<input type="text"/>

The primary contact will receive all correspondence from CCUG, including our Chapter Training Meeting Announcements. Please list any other representatives from your company that should receive e-mail correspondence from CCUG.

EXHIBITOR CONTACTS:

NAME	<input type="text"/>	OFFICE PHONE	<input type="text"/>
E-MAIL ADDRESS	<input type="text"/>	CELL PHONE	<input type="text"/>
NAME	<input type="text"/>	OFFICE PHONE	<input type="text"/>
E-MAIL ADDRESS	<input type="text"/>	CELL PHONE	<input type="text"/>

CORPORATE SPONSORSHIP/MEMBERSHIP BENEFITS INCLUDE:

- + Exhibit registration fee waived for the CCUG Training & Technology Seminar (September 9-12, 2025 in Palm Springs, CA)
- + Your company logo on the CCUG website (www.ccug.org) hyperlinked to your company website
- + Your logo and advertisement will be available on the WHOVA app if you desire

For additional details, go to www.ccug.org/vendors/v-invite

Please forward your company logo as soon as possible to Tamia Smith (vendors@ccug.org) so we can place your logo on our website.

Your check payable to "CCUG" should be mailed to:

**CCUG
P.O. Box 8564
Alta Loma, CA 91701**

AMOUNT ENCLOSED	\$ <input type="text"/>	VISA, MasterCard, Discover, AmEx Accepted
Credit Card # / Security Code	<input type="text"/>	Expiration Date <input type="text"/>
Name on Card	<input type="text"/>	Telephone # <input type="text"/>
Billing Address	<input type="text"/>	

Signature _____

If paying by credit card, please fax this form to (714) 415-5509