

**PWS-USA (Florida Chapter) Spring 2024 Meeting  
The Arc of Alachua County's Main Campus – Gainesville, Florida  
Event Ticket and Sponsorship Agreement**



The Florida Chapter of PWS-USA takes place on Saturday, April 20, 2024 8:30 a.m. to 4:00 p.m. The Arc of Alachua County's Main Campus, 3303 NW 83<sup>rd</sup> St., Gainesville, Florida, 32606.

By signing this document, you are responsible for payment of the sponsorship(s) chosen by Friday, April 19, 2024. Call Dr. Mark Johnson at 352-246-3516 or email [mjohnson@arcalachua.org](mailto:mjohnson@arcalachua.org) to make payment. Mark can also send you or your business an invoice if that is more convenient.

***"I agree to purchase tickets or sponsorship to the April 20, 2024 PWS-USA-Florida Chapter Spring Meeting at the level noted below. I understand that I must pay my sponsorship by 4/19/24"***

\_\_\_\_\_  
*Signature of Ticket Purchaser or Sponsor*

\_\_\_\_\_  
*Date*

***PWS-Florida Chapter Spring Meeting 2024 – Event Sponsorship***

- 'Friend of Arc' Sponsor - \$500

***PWS-Florida Chapter Spring Meeting 2024 – Payment via Check, Credit Card or Invoice***

- ***I Have Enclosed A Check (Payable to: Arc of Alachua County. Memo Line: 'PWS 2024')***  
*Check Number: \_\_\_\_\_ Total Amount of Check: \_\_\_\_\_*
- ***I Will Pay With A Credit Card***  
*Credit Card Type: MasterCard/VISA/AmEx/Discover Name on Card: \_\_\_\_\_*  
*Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Security Number: \_\_\_\_\_*  
*Zip Code of Credit Card Billing Address: \_\_\_\_\_*
- ***I Wish To Have An Invoice Mailed To Me or My Business***  
*Company Name: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_*  
*\_\_\_\_\_ Zip: \_\_\_\_\_ Amount to be displayed on Invoice: \$ \_\_\_\_\_ Name of*  
*Contact Person: \_\_\_\_\_*  
*For Recognition Purposes, please list my organization/me as:*  
\_\_\_\_\_