

ISSA Central Maryland Chapter Sponsorship Program



ISSA
Information Systems Security Association



Sponsor Information Form

Sponsor Information Form

Sponsoring Organization: _____

Level of Sponsorship: _____

Date of Sponsorship: _____

Renewal (Y/N): _____ Sponsor since: _____

Sponsor Points of Contact

Primary Point of Contact

Name (First, Last): _____

Email Address: _____

Primary Phone Number: _____

Secondary Phone Number: _____

Secondary Point of Contact

Name (First, Last): _____

Email Address: _____

Primary Phone Number: _____

Secondary Phone Number: _____

Sponsoring Company Description for ISSA Central MD Website (one or two paragraphs may be sent separately)

Company Web Site URL for link from ISSA Central MD Website _____

Company Hi-Resolution Logo for inclusion on ISSA Central MD Website (please send as attachment to this document).