

EVENT	QTY.		TOTAL
Session Break	_____ x	\$150	\$ _____
Session Breakfast	_____ x	\$250	\$ _____
Session Lunch	_____ x	\$350	\$ _____
Session Dinner	_____ x	\$450	\$ _____
Support for a Class Member		MINIMUM: \$250 TUITION: \$3,000	\$ _____

AT WHICH LOCATION WOULD YOU LIKE YOUR SPONSORSHIP TO BE UTILIZED?

- MOSCOW IDAHO FALLS TWIN FALLS BOISE

METHOD OF PAYMENT

- A check is enclosed in the amount of \$ _____
(Make checks payable to LIA Foundation)

- Please charge my credit card (AmEx, Discover, MC, & VISA accepted)

Name on Card _____
Card No. _____
Exp. Date _____ CVV _____ Amount \$ _____

- Please invoice me in the amount of \$ _____

Billing: Company (if applicable) _____
Contact Person _____
Address _____
City/State/Zip _____

PLEASE RETURN THIS FORM TO:
LIA Foundation
55 SW 5th Avenue, Suite 100
Meridian, ID 83642
LIA@amgidaho.com

HOW WOULD YOU LIKE YOUR NAME TO APPEAR FOR RECOGNITION?
