



The Power of Partnership Form

Last Name: _____ First Name: _____
Company: _____ Telephone: _____
Address: _____
City: _____ State: _____ Postal Code: _____
Email: _____

Partnership Choice:

Red Level Partnership

Blue Level Partnership

Yellow Level Partnership

Gray Level Partnership

Signature: _____ Date: _____

To register as a partner please complete this form and email to Jordan Blanding - jblanding@cfesa.com

* Your benefits will be reflected from the day your payment is provided. Company logos must be submitted 2 weeks prior to all events.