Sponsorship Form





| YES, I/WE WOULD LIKE TO SPONS | OR THE FOLLOWING |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|
| CHOCOLATE TASTING STATE OF TASTING STATE | 3 4 (PLEASE CHECK ONE BOX) |
| CONTACT INFO: | |
| NAME: | TITLE: |
| COMPANY NAME: | |
| ADDRESS: | |
| CITY: | POSTAL CODE: |
| PHONE NUMBER: | FAX NUMBER: |
| EMAIL: | |
| | |
| PAYMENT BY: | |
| CHEQUE MADE PAYABLE TO SCHC | MASTERCARD INVOICE US |
| VISA | AMERICAN EXPRESS |
| CARD NUMBER: | CVV CODE: |
| NAME (AS SHOWN ON CARD): | |