



Company: \_\_\_\_\_ CBA ID: \_\_\_\_\_ Booth#: \_\_\_\_\_ \*

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

For a fee of \$100 EACH, you can list companies/labels/brands, whose product you represent or distribute. You will receive (1) "Company Name", (1) Phone Number, and (1) primary category to be printed in the program. For an additional \$25 each, list any secondary and/or additional category listings for each company/label/brand:

Company Name: \_\_\_\_\_ Toll Free: \_\_\_\_\_

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Apparel               | <input type="checkbox"/> Curricula               | <input type="checkbox"/> Magazines                            |
| <input type="checkbox"/> Bargain Books         | <input type="checkbox"/> Digital                 | <input type="checkbox"/> Movies                               |
| <input type="checkbox"/> Bibles                | <input type="checkbox"/> Distributor             | <input type="checkbox"/> Music                                |
| <input type="checkbox"/> Books                 | <input type="checkbox"/> Fair Trade / Missional  | <input type="checkbox"/> Spanish-Language Product             |
| <input type="checkbox"/> Catholic / Liturgical | <input type="checkbox"/> Framed Art & Home Décor | <input type="checkbox"/> Stationary & Cards                   |
| <input type="checkbox"/> Children's Products   | <input type="checkbox"/> Gifts                   | <input type="checkbox"/> Store Supplies, Services, & Fixtures |
| <input type="checkbox"/> Church Supplies       | <input type="checkbox"/> Home School Resources   |   |
| <input type="checkbox"/> Computer Software     | <input type="checkbox"/> Jewelry                 |   |

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- Office Use Only -

Date Rec'd \_\_\_\_\_  Chg  Chk# \_\_\_\_\_ Amt \_\_\_\_\_

ICRS 2012 Payment Info

Full Payment Required

Sponsorship: Program Listings

Amount: \$ \_\_\_\_\_

Company: \_\_\_\_\_

CBA ID#: \_\_\_\_\_

Payment Info:  Check Enclosed: # \_\_\_\_\_ (Made payable to 'CBA' and in U.S. Funds drawn on a U.S. Bank)

or  Visa  MC  AMEX  Discover

Cardholder's Name (Please Print): \_\_\_\_\_

Card #: \_\_\_\_\_

Exp: \_\_\_\_\_ CVV Code: \_\_\_\_\_

Card Billing Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Signature: \_\_\_\_\_