

# BECOME A MARATSA SUPPORTER APPLICATION



Company/ Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number \_\_\_\_\_

Email: \_\_\_\_\_

Please describe your organization/business:

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Please provide a brief description of materials to be displayed:

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Supporter Level:

\$2000 Platinum

\$1000 Gold

\$800 Silver

## Requirements of Supporter

Supporter is responsible for making copies of all materials needed for exhibit and agrees to adhere to exhibit regulations.

Supporter is responsible for all associated travel expense and hotel costs/reservations.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please e-mail or mail supporter application to Kate Jakubovic at  
Katelyn@Favoredwellness.com Please make checks payable to MARATSA PO Box 321  
Latrobe, PA 15650 attention: Kate Jakubovic