## Become a MARATSA Supporter



Company/ Organization:				
Address:				
City:			State:	
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Telephone Number:		Fax Number		
Email:				
Please describe your organ	nization/business:			
Please provide a brief des	cription of materials to be disp	played:		
Supporter Level	\$2000 Platinum	\$1000 Gold	\$800 Silver	
Requirements of Support		ale needed for exhibit and	agrees to adhere to subibit	rogulations
• •	or making copies of all materia or all associated travel expens		~	regulations
Signature		Date		

Please email supporter application to Kelly Noonan at kbarto0819@gmail.com Please make checks payable to MARATSA, Inc. and mail to: 1127 Village Way, Latrobe PA, 15650 attention: Beth Latuch