

# 2019 PARTNERSHIP PROGRAM REGISTRATION FORM



## GENERAL INFORMATION: [PLEASE PRINT]

Company: \_\_\_\_\_  
Primary Contact: \_\_\_\_\_ Email: \_\_\_\_\_  
Billing Contact (If Different From Primary): \_\_\_\_\_ Email: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

## 2019 PARTNERSHIP PROGRAM RATE:

**PREMIER** \$3,500       **ELITE** \$6,500       **ULTIMATE** \$10,000\* [2018 Ultimate Partners only.]

\*I am interested in upgrading to **ULTIMATE PARTNERSHIP** if space becomes available.  
[Must have been a 2018 Premier or Elite Partner to qualify.]

## BILLING PREFERENCE: [CHECK ONE]

Annually       Semi-annually **[CREDIT CARD ONLY]**

## PAYMENT: [CHECK ONE]

**1. PAY BY CHECK:** Check Enclosed for **FULL PAYMENT [MADE PAYABLE TO CAI-NJ]**

Mail completed form with check to:  
CAI-NJ, Attn: Partnership Program  
500 Harding Road  
Freehold, NJ 07728

**2. PAY BY CREDIT CARD:**

Please fill out credit card info and fax completed form to (609) 588.0040.

Cardholder Name: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ Security Code: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

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

Cardholder acknowledges receipt of goods and/or services in the amount of the total shown hereon and agrees to perform the obligations set forth in the cardholder's agreement with issuer. For semi-annual payments, cardholder grants permission for the above to be charged half of partnership total on or before the deadline of January 11, 2019 and remaining balance to be charged on June 1, 2019. If second payment is not received by close of business on June 1, 2019, all benefits associated with the partnership will be immediately terminated.

## TERMS & CONDITIONS:

I affirm that I am authorized to make the above Partnership commitment on my company's behalf. I have read and understand the benefits associated with this Partnership and agree to pay in accordance with my selected billing preference and payment option listed above. Partnership refunds or cancellations cannot be made after the contract is signed as potential partners may be turned away as a result of your acceptance. I understand that this form becomes a contract when signed.

Name: \_\_\_\_\_

Signature [Authorizing Officer]: \_\_\_\_\_

**REGISTER NOW!**

**VISIT [WWW.CAINJ.ORG](http://WWW.CAINJ.ORG) AND CLICK THE 2019 PARTNERSHIP PROGRAM BANNER**

**QUESTIONS?**

Contact CAI-NJ at (609)588-0030 or email: [info@cainj.org](mailto:info@cainj.org)