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PARTNERSHIP / SPONSORSHIP APPLICATION FORM

PROPOSED CATEGORY

Please check just ONE of the following boxes:

- | | |
|--|---|
| <input type="checkbox"/> Organization | <input type="checkbox"/> Company |
| <input type="checkbox"/> Individual | <input type="checkbox"/> Other |

NAME AND CONTACT INFORMATION

Name of the institution (*if a company or organization*):

Name of individual representing institution:

Full contact information:

[Street] _____
[Bldg/Suite #] _____
[City] _____ [State] _____ [ZIP] _____
[Tel] _____ [E-mail] _____

Name of proposed partner (*if an individual*):

Full contact information:

[Employer – *if relevant*] _____
[Street] _____
[Bldg/Suite #] _____
[City] _____ [State] _____ [ZIP] _____
[Tel] _____ [E-mail] _____

SIGNATURE: _____

DATE: _____

NAME: _____

TITLE: _____

Please complete and **MAIL** this form to the Petronille Healthy Society at the address given above. Alternatively, a copy of this form can be **E-MAILED** to contact@petronillehealthysociety.org

