

SPONSORSHIP FORM



AMERICAN
TRUCKING
ASSOCIATIONS

PROGRAM (select one):

Women in Motion

America's Road Team

LEAD ATA

National Truck Driver Appreciate Week (NTDAW)

Share the Road

Trucking U

Workforce Heroes

SPONSORSHIP LEVEL (if known) _____

GENERAL SUPPORT (i.e. not concerned with sponsor benefits)

Company Name _____

Primary Contact (for this sponsorship/support) _____

Assistant Contact (if applicable) _____

EmailAssistant Email (if applicable) _____

Address _____

City _____ State _____ Zip _____

Direct Telephone Number _____

PAYMENT INFORMATION

Check Enclosed (payable to American Trucking Associations)

Visa Mastercard AMEX

Credit Card # _____ Expiration Date _____

Cardholder Name _____

Signature _____

REMITTANCE INFORMATION

Mail Checks to: ATTN: ATA Finance | 80 M Street SE Suite 800 | Washington, DC 20003

To submit this form via email, or if you have questions, contact Nikki Thomas at nthomas@trucking.org