

# 2010 Teva Seminar Partnership Information

*(Please type or print as you would like this information to appear in the 2010 Seminar guidebook)*

Organization/Business Name \_\_\_\_\_

**Contact Information:**

Street \_\_\_\_\_

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

Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_

Website \_\_\_\_\_

**Name of Primary Contact** \_\_\_\_\_

Title \_\_\_\_\_

**Focus of Organization**

Please describe the focus of your organization and its relationship to Jewish and/or Environmental Education:

\_\_\_\_\_

Is your organization registered as a not-for-profit organization under IRS code 501(c)(3)?

\_\_\_\_ yes \_\_\_\_ no

Is your organization registered as a philanthropic foundation under IRS code 509(a)?

\_\_\_\_ yes \_\_\_\_ no

**Commitment level (please check one)**

Full Partner for 2010 Teva Seminar: \$1000

Program Fair vendor/One-day participant: \$100

I \_\_\_\_\_ am authorized by the organization listed above to commit to this Partnership for the 2010 Teva Seminar. I understand that the above named organization will be listed in the Teva Seminar guidebook and Seminar website as a Partner (or vendor) and that the organization listed above will have the benefits of membership listed on the attached form.

\_\_\_\_\_  
Signature, Date

I \_\_\_\_\_ agree to actively promote the Teva Seminar through print and/or email.

\_\_\_\_\_  
Signature, Date

Thank you!

Please complete this form & return with your payment no later than March 29<sup>th</sup> to:  
Teva Learning Center, 307 7<sup>th</sup> Ave., Ste. 900, New York, NY 10001