



PARTNERSHIP AGREEMENT

In partnership with Five Star NTP, please complete this form, sign, and send with payment to:

**Five Star NTP, 59 Hwy 9 South,
Dawsonville, GA 30534, Attention: Tina.**

Events are held rain or shine

Event Name(s) _____

Contact Name _____

Phone _____

Email _____

Company Name _____

Website _____

Mailing Address _____

City _____ State _____ Zip _____

PARTNERSHIP LEVEL

please indicate your choice here

Presenting Gold Silver Bronze Vendor

PAYMENT METHOD

Cash Check # _____

Credit Card# _____

Exp. Date _____ Code _____

Amount Paid _____

Signature _____ Date _____

Thank you for partnering with Five Star NTP