



IPRA PARTNERS PROGRAM Response Form

YES! I am interested in renewing as with the Independent Public Relations Alliance as an IPRA Partner for 2007.

____ IPRA Supplier Affiliate \$175

____ E-Mails to IPRA Members \$75

____ **TOTAL**

Checks should be made payable to PRSA-NCC. To pay by credit card, circle one: AMEX VISA MASTERCARD

Name on Card _____

Account Number _____

Expiration Date: _____

Signature of Cardholder _____

CONTACT INFORMATION

Name: _____ Title: _____

Company: _____

Address: _____

Phone Number: _____ Fax Number: _____

E-mail: _____

THANK YOU FOR YOUR SUPPORT.

Please fax this form to Sherri Core at 703-691-0866 or mail it to Sherri at 10366 Democracy Lane, Suite B, Fairfax, VA 22030.

www.ipralliance.com