



NICAR New Sponsorship Invoice

Company Name: _____

Contact Person: _____

Company address: _____

Phone: _____ Fax: _____

Email: _____

Amount Due: \$1,250- for one year *(renewal rate \$1,000 per year after)*

Payment type: Credit Card Check

Credit card number (Visa or MasterCard only)

Expiration date: _____ CVV number: _____

**Please send payment to:
NICAR
214 N. Hale Street
Wheaton, IL 60187
630-510-4566 Phone
630-510-4501 Fax
www.nicar.com**