



**SPONSORSHIP REQUEST FORM
SAFETY AND HEALTH HISTORICAL SOCIETY**

If you or your organization, society, or company wishes to request an SHHS sponsorship, please complete the following form.

Name of Sponsor _____ Date _____
(as it would appear)

Address _____

City _____ State _____ Zipcode _____

Contact Person _____

Phone _____ Email _____

Check which sponsorship you are seeking.

BCSP Web Page for _____ (calendar year) @ \$1,0000

BCSP publication: *The Archives of Safety and Health*

Which issue(s) @ \$250 per issue?

January 2019

January 2020

April 2019

April 2020

July 2019

July 2020

October 2019

October 2020

Additional details regarding this request:

Submit to SHHS
PO Box 1001
Tolono, IL 61880
Email: info@saafetyandhealthhistory.org

SHHS will acknowledge receipt of your request and inform you if the time period requested is available. If SHHS accepts your request, SHHS will bill you for the sponsorship fee(s).