

Company Name: _____
(Name as to appear on conference materials)

Contact: _____

Mailing Address: _____

City: _____ State/Province: _____ Zip: _____ Country: _____

Phone: _____ Fax: _____

Email: _____ Website: _____

Annual Conference Sponsorship Opportunities

<input type="checkbox"/> Visionary Partner	\$20,000	<input checked="" type="checkbox"/> Onsite Program - Full Page Back Cover Ad	\$1,000
<input type="checkbox"/> Strategic Partner	\$10,000	<input type="checkbox"/> Cyber Cafe	\$1,500/Day
<input type="checkbox"/> Premier Partner	\$5,000	<input type="checkbox"/> Paper Session Room	\$1,500
<input type="checkbox"/> Progressive Partner	\$2,500	<input type="checkbox"/> Lanyards	\$3,500
<input type="checkbox"/> Supporting Partner	\$1,000	<input type="checkbox"/> Event Welcome Bag	\$5,000
<input type="checkbox"/> Participant Packet Advertisement	\$500	<input type="checkbox"/> Coffee	\$3,000
<input type="checkbox"/> Onsite Program - Half-Page Ad	\$500	<input type="checkbox"/> Shuttle Bus Banner	\$1,500
<input type="checkbox"/> Onsite Program - Full-Page Ad	\$800	<input type="checkbox"/> Water Station	\$4,000

Annual Conference Exhibitor

<input type="checkbox"/> Single Booth	\$750
<input type="checkbox"/> Double Booth	\$1,200
<input type="checkbox"/> Additional Booth Passes	\$50

Payment Options

Check Enclosed Visa MasterCard American Express \$ _____ **Total Fee**

Card Number: _____

Expiration Date: _____

Billing Address: _____

Name on Card: _____

Exhibitor Terms of Contract: Full payment is required before an exhibit space will be assigned. Exhibiting company agrees to abide by the guidelines as set forth in the brochure, application for exhibit space and exhibitor terms and conditions.

Exhibitor Cancellation/Refund Policy: It is agreed that: (a) If a company cancels its space more than thirty (30) days in advance of the meeting the deposit will be returned. (b) If the company cancels the space less than thirty (30) days prior to opening, 100% of the booth cost will be retained. All cancellations must be received in writing on corporate letterhead to the IDEC Headquarters.

Signature of Company Representative: _____ Date: _____