

Sponsorship/Exhibit Reservation Form

Sponsorship Options: *(please check option)*

- Breakfast Friday Morning** - \$300
- Partial Lunch Sponsor – Friday** - \$500
- Full Lunch Sponsor – Friday** - \$1000
- Break Sponsor – Friday** - \$300
- Breakfast Saturday Morning** - \$300
- Break Sponsor – Saturday** - \$300

Name of Company/Organization: _____

Mailing Address: _____

City State Zip: _____

Telephone: _____

Fax: _____ E-mail: _____

Name of Contact Person: _____

Title: _____

Signature: _____ Date: _____

Sponsor/Exhibitor Representative Attending

Name

Phone

E-mail

Additional Exhibitor Staff Attending

Name

Phone

E-mail

Do you wish to exhibit materials? _____ Yes _____ No

For those wishing to exhibit, IAAP will provide a table at the event for exhibiting/displaying materials, logo on our website and networking with IAAP attendees.

Total \$ _____

Payment must accompany this form to guarantee your Sponsorship. Confirmation will be sent upon receipt of this form and payment.

Check for \$ _____ enclosed. *Please make check payable to IAAP.*

Send this reservation form and payment to:
IAAP Central Office ~ 3125 Dandy Trail, Suite 110 ~ Indianapolis, IN 46214
Please return this form by April 1, 2016 - Questions? Call IAAP at 317-481-9255
Thank you for your participation and support!