

# 2019 SAPAA Annual Conference

## Sponsor/Exhibitor/Advertiser Registration Form

If you have any questions, please contact SAPAA at 1-800-672-7229 or info@sapaa.com.  
Send completed form to info@sapaa.com or fax to (281) 664-3152.

### Organization Details (This information may be published in conference materials.)

Organization Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

### SPONSOR & EXHIBITOR OPTIONS (Please check only one, if applicable.)

- |   |  |
|---|--|
| <input type="checkbox"/> <b>Platinum Sponsor</b> (10' x 10' space; six registrations) - \$6,000 | <input type="checkbox"/> <b>Platinum Sponsor</b> (10' x 20' space; four registrations) - \$6,000 |
| <input type="checkbox"/> <b>Gold Sponsor</b> - \$4,000  | <input type="checkbox"/> <b>Silver Sponsor</b> - \$3,000   |
| <input type="checkbox"/> <b>Bronze Sponsor</b> - \$2,000  | <input type="checkbox"/> <b>Exhibitor</b> - \$850  |

**Section Total: \$** \_\_\_\_\_

### A LA CARTE OPTIONS (Please check all that apply.)

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> <b>Luncheon Underwriting*</b> - \$4,000               | <b>Sponsors:</b> Remember to adjust these items to reflect your discount. Details on pages 5-6. | <input type="checkbox"/> <b>Attendee Meet &amp; Greet Reception Underwriting*</b> - \$3,500 |
| <input type="checkbox"/> <b>Refreshment Break Underwriting*</b> - \$1,000      |   | <input type="checkbox"/> <b>Conference Patron</b> - \$500                                   |
| <input type="checkbox"/> <b>Attendee Tote Bag Underwriting*</b> - \$2,500      |   | <input type="checkbox"/> <b>Sleeping Room Key Card Underwriting*</b> - \$2,500              |
| <input type="checkbox"/> <b>Tote Bag Insert</b> - \$350                        |   | <input type="checkbox"/> <b>Full Page Program Book Ad</b> - \$600                           |
| <input type="checkbox"/> <b>Half Page Program Book Ad</b> (8" x 5.25") - \$400 |   | <input type="checkbox"/> <b>Half Page Program Book Ad</b> (4" x 10.5") - \$400              |
| <input type="checkbox"/> <b>Quarter Page Program Book Ad</b> - \$250           |   | <input type="checkbox"/> <b>Business Card Program Book Ad</b> - \$125                       |

\*SAPAA will contact you if opportunity is not available.

**Section Total: \$** \_\_\_\_\_

### OTHER OPTIONS (Please check all that apply.)

- |   |  |
|---|--|
| <input type="checkbox"/> <b>Additional Exhibitor Badge(s)*</b> - \$125 Qty: _____ | <input type="checkbox"/> <b>9/18/19 Lunch Ticket(s)*</b> - \$50 Qty: _____ |
| <input type="checkbox"/> <b>9/19/19 Breakfast Ticket(s)*</b> - \$40 Qty: _____    | <input type="checkbox"/> <b>9/19/19 Lunch Ticket(s)*</b> - \$50 Qty: _____ |

\*SAPAA will follow up for names.

**Section Total: \$** \_\_\_\_\_

**Total Due: \$** \_\_\_\_\_

### Billing Contact Details (If different from Organization Contact.)

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

### Payment Details

- Check** (Mail, with copy of this form, to SAPAA, P.O. Box 6203, Tallahassee, FL 32314.)
- Invoice Me** (Registration will be complete once payment has been received.)
- Credit Card**

CC#: \_\_\_\_\_ CVV: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Billing Address (if different from organization): \_\_\_\_\_

**CONFIRMATION AND SUMMARY OF REGISTRATION WILL BE SENT TO ORGANIZATION CONTACT ONCE PROCESSED.**