



# TECHNOLOGY FAIR

## Sponsorship Opportunity Order Form

- |  |        |   |        |
|--|--------|---|--------|
| <input type="checkbox"/> Name Badge Lanyards             | \$1000 | <input type="checkbox"/> Conference Reception               | \$1500 |
| <input type="checkbox"/> Conference Bag                  | \$2500 | <input type="checkbox"/> Promotional Email                  | \$800  |
| <input type="checkbox"/> Registration Confirmation Email | \$1000 | <input type="checkbox"/> Advertisement in the Final Program | \$500  |
| <input type="checkbox"/> Conference Hospitality Break    | \$1000 |   |        |

**TOTAL SPONSORSHIPS:** \$ \_\_\_\_\_

**Technology Fair vendors receive a 10% discount on sponsorships if ordered by October 1, 2010!**

**Instructions:** Print, complete, and mail or fax this form with payment to: ICCAD-2010, c/o MP Associates, Inc., 1721 Boxelder St., Ste. 107, Louisville, CO 80027, fax: 303-530-4334. For questions, contact Amy Shaklee at [amys@mpassociates.com](mailto:amys@mpassociates.com), ph: 303-530-4562

### Please print or type the following information:

Company Name: \_\_\_\_\_

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

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip/Postal: \_\_\_\_\_ Country: \_\_\_\_\_

Phone: \_\_\_\_\_

Web Address: \_\_\_\_\_

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

Contact Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact Email: \_\_\_\_\_

Make checks payable to ICCAD-2010, or provide credit card information below.

Credit Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_  
Circle one: MC Visa Amex

Card Holder's Name: \_\_\_\_\_ Sec. Code: \_\_\_\_\_  
(Please print.)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(I agree to pay the total amount according to the card issuer agreement.)

**Due to the limited number of sponsorships, your request will be confirmed only if full payment is received within 30 days of date received.**