



**FALL CONFERENCE 2017**  
**OCTOBER 20<sup>th</sup> – 21<sup>st</sup>**  
**INDIANA WESLEYAN UNIVERSITY**  
**Indiana North Campus**  
**3777 South Priority Way Drive**  
**Indianapolis, IN 46240**

### **Sponsorship/Exhibit Reservation Form**

#### **Sponsorship Options:** *(please check option)*

**Breakfast Friday Morning** - \$300

**Break Sponsor – Friday** - \$300

**Breakfast Saturday Morning** - \$300

**Break Sponsor – Saturday** - \$300

**3 Break Sponsor – You pick 3** - \$1,000

*– includes exhibit table in session room and opportunity for sponsor introduction to attendees*

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 ~ 2346 S. Lynhurst Drive, Suite D101 ~ Indianapolis, IN 46241**  
**Please return this form by October 13, 2017 - Questions? Call IAAP at 317-481-9255**  
**Thank you for your participation and support!**