



FALL CONFERENCE 2016
October 14-15, 2016
INDIANA WESLEYAN UNIVERSITY
Indianapolis 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 ~ 3125 Dandy Trail, Suite 110 ~ Indianapolis, IN 46214
Please return this form by September 16, 2016 - Questions? Call IAAP at 317-481-9255
Thank you for your participation and support!