

Contact name: Name (on card): Card Number:

Cardholder's signature:

2017 Sponsorship Opportunities MODEL CONTRACTS WORKSHOP



	Please select your chosen sponsorship opportunity and return via email to chelsea@aipn.org or via fax at +1 281-558-7073. Thank you for your support of AIPN educational programs!				
	COFFEE BREAK * \$1,500 * 5 OPPORTUNITIES				
	Luncheon, \$2	2,500 · 2 Opport	UNITIES		
	Your company is the exclusive host of one of the two workshop luncheons. A luncheon will be served for all workshop participants. You will have the opportunity to make brief welcoming remarks (5 minutes) at the luncheon highlighting your company activities and key service offerings.				
	Welcome Reception > \$5,000 > 1 Opportunity				
	Your company is the exclusive host of the evening cocktail reception held the night before the workshop begins. Hot and cold hors d'oeuvres will be served with an open bar providing an assortment of wine and beer. You will have the opportunity to make brief welcoming remarks (5 minutes) at the cocktail reception and offer a toast to conference attendees. You will also receive complimentary passes to the reception for up to four (4) representatives from your organization or client base. Your logo will be displayed not only on signage during the breaks, but on the napkins displayed to attendees during the reception. (Sponsors' commitment must be made by May 30 for napkins).				
	Payment Details - Payment can be made by credit card (American Express, Visa or Mastercard), check (US funds drawn on a US bank only) or wire transfer. Please make checks payable to AIPN. By signing below, I acknowledge that I am authorized to sign for my company and understand that I am making a commitment to participate in this sponsorship opportunity. If total sponsorship payment is not received by May 30, 2017 , I understand the sponsorship agreement will be canceled.				
Credit Card	Check	Wire Transfer	Please se	end invoice	
Total sponsorship amount:					
Company Name:			Phone:		
Address (include city, state, postal code):			Country:		
Contact name:			E-mail:		
Name (on card):			1		

Expiration: