## CORPORATE SPONSOR REGISTRATION FORM

STEP 1				
Organization Name:	Website:			
Primary Contact Name:				
Primary Contact Email:	rimary Contact Email: Primary Contact Phone:			
Organization Address:				
City:	State:	Zip Code: _		
Please provide a short description of the corporate partner directory:	of your organization and/or products th	nat IPA can displa	y on its website in	
Sponsorship Opportunity Requested ( <i>skip if only purchasing corporate membership</i> ): Name: Cost:				
Name:		Cost:		
Corporate Membership (price inclu	ded in ALL sponsorship opportunities	, otherwise \$250)		
Booth Fee 10 x 10 (Gold and Platin Conference Attendee List: Booth Preference (top 3 booth loca Organizations you would prefer NO	hip opportunity is NOT Annual Confe um sponsors receive booth for free): M Included For / tions, see MarketPlace map): T to be adjacent to: 1:  T to be adjacent to: 1: 	ember rate: All Members And 2 2:	Sponsors 3: 3: evelopment ext Books Materials	
Awards	Gym & Playground Equipment	Other		
Calendars/Datebooks				
TOTAL FROM STEPS 1 and 2         Check #(Please include         Purchase Order #         Visa       MasterCard         Discove         Credit Card #		ade payable to Illinois		
Signature:				