

2019 Sponsorship Payment Form

Company: _____

Contact Name: _____ Title: _____

Address: _____

City/Province/Postal Code: _____

Email: _____ Telephone: _____

Check if you are a Non-Profit Organization []

Promotional Sponsorship Program, select a level

<input type="checkbox"/> Conference Sponsor (\$8,000)	<input type="checkbox"/> Cocktail Sponsor (\$4,000)
<input type="checkbox"/> Gold Sponsor (\$6,000)	<input type="checkbox"/> Bronze Sponsor (\$2,500)
<input type="checkbox"/> Silver Sponsor (\$4,000)	<input type="checkbox"/> Non-profit exhibitor (\$800)

<p>Payment Method</p> <p><input type="checkbox"/> Cheque (Upon signing)</p> <p><input type="checkbox"/> Credit Card: [] Visa [] Mastercard [] AMEX</p> <p>Name on Card _____</p> <p>Number _____ Exp MM___/DD___ CSV _____</p> <p>Signature _____</p>
