**Your Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of Business/Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City, State, Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ This is:** 🞏 Home 🞏 Business 🞏 Mobile

**Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I / we would like to provide the following sponsorship(s):**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Option** | **Benefits** | **Investment** | **Total Number Now Available (Taken)\*** |
| 1. | Collaborator Sponsor | (1) | $500 | 6 |
| 2. | Breakfast and Breaks (one each day) | (1), (3) | $800 | 2 |
| 3. | Lunch (one each day) | (1), (3) | $800 | 1 (1) |
| 4. | Program Printing | (2) + logo on program | $1,500 | 0 (1) |
| 5. | Meet-and-Greet, April 2 | (2), (3), (4), **(6)** | $2,500 | 1 |
| 6. | Reception, April 3 | (2), (3), (4), **(6)** | $2,500 | 1 |
| 7. | Technology | (2), (3), (4), (5), **(7)** | $3,500 | 1 |
| 8. | Door Prizes | (1) | Provide | 2 (8) |

***\* Check website for latest availability: http://i-lincp.wildapricot.org/5thAnnualSponsorship***

(1) Verbal acknowledgment, name listed in program and on screen; name with link on I-LinCP website

(2)  Verbal acknowledgment, logo listed in program and on screen; logo with link on I-LinCP website

(3)  Sign with logo on attendee table(s), food tables

(4)  Sign with logo on Registration table

(5)  Can provide “give-aways” with attendee’s conference materials or on tables

**(6)  One (1) complimentary event registration**

**(7) Two (2) complimentary event registrations + 7 minute introduction during conference**

**TOTAL = $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PAYMENT:**

🞏 I am paying with a check (made out to “I-LinCP”)

🞏 Please send me an invoice

🞏 I authorize I-LinCP to charge my credit card, as follows:

Credit Card Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Card Type: MC AMX VISA DIS

Expiration Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name on Card (or, “Same”): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Billing Address (or, “Same”):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**RETURN FORM VIA: Email:** [**carol@i-lincp.org**](mailto:carol@i-lincp.org) **FAX: (512) 233-2437 Mail: I-LinCP, 2706 Palomino Dr., Austin, TX 78733**