

Hospitality Sponsorship Order Form

Company _____ URL _____

Contact Name _____ Title _____

Address _____

City _____ State/Province _____ Postal Code _____

Country _____ Fax _____

Phone _____ E-Mail _____

Please make your selections below.

Event	Value
<input type="checkbox"/> Chip-Head Ice Cream Cart	\$ 5,000
<input type="checkbox"/> Chip-Head Espresso Cart	\$ 5,000
<input type="checkbox"/> Tuesday Evening Exhibit Floor Reception	\$ 4,000
<input type="checkbox"/> Wednesday Exhibit Floor Closing Reception	\$ 4,000
<input type="checkbox"/> Press Room	\$ 4,500
<input type="checkbox"/> Speaker Preparation Lounge	\$ 2,500
<input type="checkbox"/> Monday Networking Reception	\$ 2,500
<input type="checkbox"/> Individual Conference Refreshment Breaks	\$ 1,500

Total Sponsorships \$ _____

Full payment is due upon receipt of invoice. Due to the limited number of sponsorships, your request will be confirmed only if full payment is received within 15 days of invoicing.

Signature _____ Date _____

Fax this form to Kevin Fields at +1-312-559-3308, or e-mail it to kfields@iec.org.