AICP 2007 Sponsorship Program – Sponsorship Form

Yes! I/we want to be an AICP sponsor **(check your choice below)**:

☐ PLATINUM LEVEL CONTRIBUTOR ($2,500)

- One complimentary conference registration
- One ½ page Journal ad
- One complimentary annual AICP membership
- Booth signage advertising AICP sponsorship
- Your organization's name listed on the Annual Conference website and in the conference brochure advertising your 2007 AICP sponsorship

☐ GOLD LEVEL CONTRIBUTOR ($1,500)

- One complimentary conference registration
- One ¼ page Journal ad
- Booth signage advertising AICP
- Your organization's name listed on the Annual Conference website and in the conference brochure advertising your 2007 sponsorship

☐ SILVER LEVEL CONTRIBUTOR ($1,000)

- One complimentary conference registration
- Booth signage advertising AICP
- Your organization's name listed on the Annual Conference website and in the conference brochure advertising your 2007 sponsorship

☐ PATRON LEVEL CONTRIBUTOR ($500)

- Booth signage advertising AICP
- Your organization's name listed on the Annual Conference website and in the conference brochure advertising your 2007 sponsorship

PLEASE ALLOCATE MY/OUR SPONSORSHIP DOLLARS TO (Select one):

☐ Sunday evening Welcome Reception
☐ Monday evening Fall Celebration
☐ Other (please specify):_____
☐ Meal function (breakfast or lunch)
☐ Refreshment breaks

ACKNOWLEDGEMENT INFORMATION (Provide the Member, Company, Chapter or Organization name to appear on the AICP website and conference material)

Name:_____

PAYMENT INFORMATION

☐ I/we would like to pay by check (check should be made payable to AICP)
☐ Please bill my credit card as follows: ☐ Amex ☐ Visa ☐ MasterCard

Name on Card:_____

Card Number:_____

Expires:_____ Signature:_____

Contact Information:

Company/Individual Name:_____

Address:_____
Street/PO Box City State Zip

Contact:_____
Name Phone# Email Address

Submit payments by:

FAX: If you are paying by credit card, you may fax this form to AICP at 703-435-4390

MAIL: If you are paying by check, please mail your check along with this form to: AICP, 12100 Sunset Hills Road, Suite 130, Reston, VA 20190

FOR AICP USE ONLY:

Date received:_____ **Sponsor Level:**_____