

SPONSORSHIP PARTICIPATION FORM

Alamo AFCEA Career Fair

Sponsored by the AFCEA Alamo Chapter
November 3 - 4, 2009 ♦ Norris Conference Center ♦ San Antonio, TX

PARTICIPATION DETAILS

- To participate in the **career fair**, please provide the information requested below and return this form by the deadline indicated for the selected level of sponsorship.
- Sponsorships received after the stated deadline may not receive all the benefits of sponsorship.
- **Questions regarding availability, call Claire Walters at 866-445-9114.**

SPONSORSHIP SELECTION

- | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|
| <input type="checkbox"/> Premier Supporter (limit one) –\$5000 | <input type="checkbox"/> Small Business (50 and under) – \$250 |
| <input type="checkbox"/> Anchor Sponsor (limit three) – \$3,000 | <input type="checkbox"/> Small Business (51 -99) – \$350 |
| <input type="checkbox"/> *Exhibit Space Only (unlimited) – \$1,500
*Receive a \$500 discount off your booth
if you are exhibiting at the AATS Expo | <input type="checkbox"/> Small Business (100+) – \$500 |

Booth Preferences: 1st Choice 2nd Choice 3rd Choice

Contact Information

Company Name _____
Contact _____ Title _____
Tel _____ Fax _____ Email _____
Address _____
City _____ State _____ Zip _____
Country _____ Web Address _____

Payment Information

- ♦ 100% payment due with this application after Aug. 15, 2009
 - ♦ 50% deposit due with this application through Aug. 15, 2009
- ALL BALANCES MUST BE PAID BY Sept. 15, 2009**

Make checks payable to:
AFCEA – Alamo Chapter
POC:
Claire Walters 866-445-9114
cwalters@cmpmanagement.com

Cancellation Policy

- ♦ 50% of total sponsorship cost through Aug. 15, 2009
- ♦ 100% of total sponsorship cost after Aug. 15, 2009

Mail, Email or FAX payments to:
AFCEA – Alamo Chapter, c/o CMP Management
PO Box 200363, Austin, TX 78720
866-445-9114 ♦ Email: cwalters@cmpmanagement.com
512-857-7711 FAX

Credit Card Payment

- Visa MasterCard American Express

Card Number: _____ Amount: \$ _____
Exp. Date: _____ Security Code _____ Name on Card: _____
Billing Address: _____
City / State / Zip: _____
Signature: _____

