

LUNCHEON TABLE ORDER FORM  
**Alamo AFCEA Technology Symposium**

Sponsored by the AFCEA Alamo Chapter  
November 2 - 5, 2009 ♦ Norris Conference Center ♦ San Antonio, TX

**PARTICIPATION DETAILS**

- To secure a **table sponsorship**, please provide the information requested below and return this form by October 2, 2009.
- 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**

**Table Rates**

- ♦ Tables are sold in rounds of 10 seats at each table.
- ♦ A minimum of four (4) military / government guests will be assigned for each luncheon
- ♦ **Order a table at both lunches to receive a discounted rate of \$450/table!**

TUESDAY LUNCHEON – Noon – 1:30 pm, Tuesday, November 3, 2009

\_\_\_\_\_ Table(s) of ten at \$500 per table \_\_\_\_\_ # of corporate seats \_\_\_\_\_ # of AFCEA assigned seats

WEDNESDAY LUNCHEON – Noon – 1:30 pm, Wednesday, November 4, 2009

\_\_\_\_\_ Table(s) of ten at \$500 per table \_\_\_\_\_ # of corporate seats \_\_\_\_\_ # of AFCEA assigned seats

**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 July 31, 2009
- ♦ 50% deposit due with this application through July 31, 2009

**ALL BALANCES MUST BE PAID BY JULY 31, 2009**

**Make checks payable to:**

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

**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

**Cancellation Policy**

- ♦ 50% of total sponsorship cost through July 31, 2009
- ♦ 100% of total sponsorship cost after July 31, 2009

**Credit Card Payment**

- Visa    MasterCard    American Express

Card Number: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Exp. Date: \_\_\_\_\_ Security Code \_\_\_\_\_ Name on Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_

Signature: \_\_\_\_\_

