**2016 Sponsorship and Exhibitor Form**



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| --- | --- |
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| City, State, Zip |  |
| Sponsorship Level : | 🞎Gold (≥$3000) 🞎Silver ($1500 - $2999) 🞎Bronze ($1000 - $1499) |
| Exhibitor Level: | 🞎 Commercial Exhibit ($500- $999) 🞎Non-profit Exhibit (≥$250) |
| Farmers’ Health Fair Supporter | 🞎 Commercial Exhibit ($500- $999) 🞎Non-profit Exhibit (≥$250) |
| Display table needed? | 🞎 yes 🞎 no |
| Handouts for conference packet? | 🞎 yes 🞎 no |
| Sponsorship to support - | 🞎 Conference only 🞎 Health Fair only 🞎 Both |

*Who will attend the conference under your invitation? Please note: they should still complete a full conference registration form, check the “Pay Later” option and the names listed below will be credited a complimentary registration.*

1st Participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2nd Participant (Bronze, Silver, Gold Levels only) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3rd Participant (Gold Level only) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Payment:**

* Check enclosed: Checks should be made payable to: Center for Conferences and Institutes.

Mail to the address provided below

***or***

* Visa or Mastercard payment can be accepted:

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Cardholder Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cardholder Billing Address (including street, city, state, and zip)

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**Please return this form via fax to (319) 335-4039 or by mail:**

**Center for Conferences and Institutes, Attn: Kelly Flinn**

**250 Continuing Education Facility  
Iowa City, Iowa 52242-0907**

**If you have any questions, contact The Center for Conferences at (319) 335-4141 or** [**conferences@uiowa.edu**](mailto:conferences@uiowa.edu)