



## Sponsorship Form

## **CONTACT INFORMATION**

Organization Name:				
Street Address:				
City:	Province:		Postal Cod	de:
(Primary Contact) First Name:	Last Name:			
Email Address:		Phone:		
Yes, please send me an invoi				
SPONSORSHIP & PARTNERSHIP DETAILS				
Platinum (\$5,000)	old (\$2,500)	Silver (\$1	,000)	<b>Bronze (\$500)</b>
Lunch Sponsor (\$3,500) Nutritional Break (\$1,500) Exhibitor (\$750)				
Company Name:				
(Exactly as it is to be verbally referer	nced and/or to appe	ear on advertisir	ng and proi	motional visuals)
I have emailed company logo	in .eps format			
Signature:		-		

- > Return completed form and logo to: <a href="mailto:altonglenn30@gmail.com">altonglenn30@gmail.com</a>
- > Cheques should be made payable to: Atlantic Planners Institute, 5707 St Peters Rd, St Peters Bay, PE COA 2A0, PO Box 63

## **Exhibitor Form**

## **CONTACT INFORMATION** Organization Name: \_\_\_\_\_ Street Address: (Primary Contact) First Name: Last Name: Email Address: Phone: Sponsor Level: Silver (\$1,000) Platinum (\$5,000) Gold (\$2,500) Bronze (\$500) Nutritional Break (\$1,500) ( ) Exhibitor (\$750) Lunch Sponsor (\$3,500) ON-SITE CONTACT INFORMATION Contact Person On-Site: Contact's Phone Number: \_\_\_\_\_ Contact's Email: Set-up and Tear-down Information: Exhibit set up will take place October 22, 23 & 24 at 12pm – 1pm. Exhibits are asked to be open from 1pm – 6pm. Thursday, October 23 exhibits are open 8am – 5pm. Friday, October 24 exhibits are open 8am – 12pm. Tear-down is at 12pm. You will be provided with a skirted table and two chairs. Please specify if you require additional materials for your exhibit: Electricity Other (specify)

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Signature:

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