

AADC Sponsorship Application

Name: _____

Title: _____

Organization: _____

Billing Address: _____

Phone: _____

Email: _____

Company Website: _____

Type of products and/or services offered: _____

Years in business: _____

Are you the ongoing contact person for sponsorship participation? Yes No

If not, please name the ongoing contact: _____

Contact phone: _____

Contact email: _____

Sponsorship Level:

Sustaining (3 year commitment @ \$5,000/year) _____

Platinum (1 year commitment @ \$5,000) _____

Gold (1 year commitment @ \$3,000) _____

Silver (1 year exhibitor fee @ \$2,000) _____

Increase your value! Become an AADC Member.

Active Individual (\$225/year) _____

Affiliate Individual (\$112.50/year) _____

Associate Individual (\$225/year) _____

Method of payment:

Visa _____

MasterCard _____

Discover _____

Purchase Order _____

Company Check _____

Credit card number: _____

Expiration date: _____

Name on the card: _____

Signature: _____

Purchase order number: _____

Signature: _____

Check number: _____