



Exhibitor & Sponsorship Agreement

CONTACT NAME: _____

TITLE: _____

SPONSORING COMPANY: _____

COMPANY NAME: _____

(as you would like it to appear on signage and listed in the on-site agenda)

ADDRESS: _____

CITY, STATE, ZIP CODE: _____

TELEPHONE: _____ FAX: _____

EMAIL: _____

DESCRIPTION OF PRODUCT OR SERVICE: _____

EXHIBITOR LEVEL	SPONSORSHIP LEVEL
_____ Enhanced \$5,000	_____ Platinum \$10,000
_____ Standard \$2,000	_____ Gold \$5,000
1 st Choice for Booth # _____	_____ Silver \$3,000
2 nd Choice for Booth # _____	_____ Friend \$500

EVENT YOU WISH TO SPONSOR: _____

(if applicable)

DATE / TIME: _____

I have read and agree to the specific rules and regulations as stated in this agreement. I also understand that sponsorship opportunities and exhibit booths are available on a first-come, first-served basis. I also understand that NASPD must receive this agreement along with full payment by June 30, 2016, in order to guarantee that my company logo and information will be included in the conference program book.

SIGNED: _____ Date: _____

Please make checks payable to the Indiana Natural Resources Foundation and return to the address below. To pay by credit card, please contact Julie Planck at the number below.

Indiana State Parks, Attn: Julie Planck

402 W. Washington Street, Rm W298

Indianapolis, IN 46204

Phone: 317.513.3373

Fax: 317.232.4132

email: NASPD16@dnr.IN.gov