



Sponsorship / Exhibitor / Contributor Form

Organization: _____

Contact Person/Title: _____

Person Attending: _____

City/State/Zip: _____

Telephone: ____ (____) _____ Fax: ____ (____) _____

Sponsorships: *(Please choose one of the following Sponsorship levels)*

- | | | | |
|--------------------------|----------|--------------------|---|
| <input type="checkbox"/> | Partner | \$10,000 and above | >Five complimentary registrations, waived exhibitor fee, list of conference attendees, acknowledgment in program, sign at registration table during entire conference; sponsorship level and enhanced profile on conference Attendify app |
| <input type="checkbox"/> | Platinum | \$5,000 to \$9,999 | >Four complimentary registrations, waived exhibitor fee, list of conference attendees, acknowledgment in program, sign at registration table during entire conference; sponsorship level and enhanced profile on conference Attendify app |
| <input type="checkbox"/> | Gold | \$2,000 to \$4,999 | >Three complimentary registrations, waived exhibitor fee, list of conference attendees, acknowledgment in program; sponsorship level and logo on conference Attendify app |
| <input type="checkbox"/> | Silver | \$1,000 to \$1,999 | >Two complimentary registrations, 50% exhibitor discount, list of conference attendees, acknowledgment in program |
| <input type="checkbox"/> | Bronze | \$500 to \$999 | >One complimentary registration, list of conference attendees, acknowledgment in program; sponsorship level and logo on conference Attendify app |
| <input type="checkbox"/> | Local | \$50 to \$499 | >Acknowledgment in program and Attendify app |

Exhibitors: *Conference registration is required for Wednesday-Friday. Set-up options include: 1) Tuesday or early Wednesday w/take-down **after** noon on Friday; 2) Tuesday or early Wednesday w/take-down Thursday noon; 3) Set-up Thursday noon through Friday noon @ 25% reduced rate. Please contact Paul Ovrom at (515) 242-6239 for more details.*

- | | | | |
|--------------------------|-------------|---|-----------------------------------|
| <input type="checkbox"/> | Non-Profits | \$100 option 1 or 2; \$75 for option 3 | Set-up Option (circle one): 1 2 3 |
| <input type="checkbox"/> | For Profit | \$500 option 1 or 2; \$375 for option 3 | |

Contributors: Program Contribution (please specify) and/or Door Prize
(please describe item(s) and specify value(s) below)

*Door Prizes can be delivered to the conference registration desk no later than noon on September 5, 2019 or can be mailed by August 23, 2019 to:
IA Department of Agriculture, Attn: Paul Ovrom, 502 E 9th St, Des Moines IA 50319.*

Please return this completed form and check made payable to the National Association of Farmers' Market Nutrition Programs. Send to: NAFMNP, PO Box 9080, Alexandria, VA 22304.
Phone: (919) 471-0021 / Fax: (919) 471-0137 / email: phil@triangleassociatesinc.com