

AUCD Conference Partnership Application

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Advertiser <input type="checkbox"/> Full Cover (\$1,200) <input type="checkbox"/> Full Page (\$800) <input type="checkbox"/> Half Page (\$500) <input type="checkbox"/> Quarter Page (\$300)	Network Advertiser <input type="checkbox"/> Full Cover (\$1,200) <input type="checkbox"/> Full Page (\$600) <input type="checkbox"/> Half Page (\$300) <input type="checkbox"/> Quarter Page (\$150)	Exhibitor (\$1,000) <input type="checkbox"/> Exhibitor	Other (\$_____) <input type="checkbox"/> AUCDStrong (\$500) <input type="checkbox"/> In-Kind (\$250)

Information

Organization Name _____ Name of Contact _____
 Address _____ Network Member Discount Eligible? Y / N
 City _____ State _____ Zip _____
 Phone (_____) _____ E-mail _____ Website _____

Payment

Credit Card: *Visa* *Mastercard* *American Express*
 Card Number: _____, Exp: ____/____/____
 Card Holder (print): _____
 Card Holder (sign): _____

Check Enclosed, made payable to "AUCD"
 A check for \$ _____ is enclosed.

Invoice
 Please invoice the contact person above. Note: Payment must be made within 30 days to ensure participation. Partnerships, exhibit space, or advertisements will not be confirmed until payment is received in full.



By making this application, the undersigned acknowledges that the topic, products, or services described must support or be consistent with the mission of AUCD. AUCD reserves the right to determine which materials are appropriate to its audience. The undersigned further agrees to abide by all policies, rules, and regulations of the AUCD Conference.

Sponsor assumes entire responsibility and liability for losses, damages, and claims arriving out of injury or damage to displays, equipment, and other property brought upon the premises of the Hotel and agrees to indemnify and hold harmless AUCD, its affiliates, their heirs, executors, directors, and assigns, and the Hotel, its agent, servants, and employees, against any and all liability, losses, damages, and claims. Partner's liability shall include all losses, costs, damages or expense arising from or out of or by reason of any accident or bodily injury or other occurrences to any person or persons, including the Partner, its agents, employees, and attendees which arise from or out of the Partner's occupancy and use of the premises, the Hotel, or any part thereof. All rules and regulations are subject to changes under this contract.

Authorized Signature: _____

Date: _____ Print Name: _____

Submit this form to:
 AUCD, Attn: Conference Sponsors • 1100 Wayne Avenue • Suite 1000 • Silver Spring, MD • 20910
 Fax: 301-588-2842 • Phone: 301-588-8252 • lmartin@aucd.org • www.aucd.org

Sponsor is responsible for providing sufficient copies of materials and for making their own shipping arrangements. Applications will be confirmed after receipt.