



Exhibit/Sponsorship Registration Form

Exhibit Registration: The NAMBE 2019 Exhibit will be open from September 22-24, 2019. Each 8' x 8' booth space will include standard power, (1) 8' tall back wall drape, 3' tall side rail drape, (1) 6' x 24" draped table, (2) chairs, (1) wastebasket, (1) exhibitor ID sign, (1) conference registration badge, (1) banquet ticket and (1) copy of the conference materials. Additional staff will need to register online at the exhibitor staff rate.

\$1,800 per booth Qty. _____

Sponsorship Level	Price	Event Recognition	Logo Listings: Web & Print	Banner Ad	Print Ad	Promotional Literature
<input type="checkbox"/> Platinum	\$6,000	Banquet or Welcome Reception	<ul style="list-style-type: none"> •Logo Rotation and Web Link on Home Page •Logo and Web Link on the Sponsor, Abstract, Schedule and Registrations Pages •Logo and Web Link on the Mobile App Sponsor Page •Logo on General and Event Signage and Other Conference Materials 	Mobile App	Full Page Color	Yes
<input type="checkbox"/> Gold	\$3,000	Lunch	<ul style="list-style-type: none"> •Logo and Web Link on the Sponsor and Schedule Pages •Logo and Web Link on the Mobile App Sponsor Page •Logo on General and Event Signage and Other Conference Materials 	None	Full Page Color	Yes
<input type="checkbox"/> Silver	\$1,500	Poster Session and Breaks	<ul style="list-style-type: none"> •Logo and Web Link on Sponsor Page •Logo on General and Event Signage and Other Conference Materials 	None	Half Page Color	None

Advertising:

Full Color/Full Page Advertisement (\$500) (8.5 x11 PDF, no bleeds—allow for comb bind)

Contact Information:

Name: _____
 Company: _____
 Address: _____ Mailstop: _____
 City: _____ State: _____ Postal Code: _____
 Province: _____ Country: _____
 Phone: _____ Fax: _____
 E-mail: _____

Method of Payment:

Check enclosed (*payable to AVS* in U.S. dollars and drawn on a U.S. bank, **AVS Tax ID No.: 04-2392373**)
 Charge my: MasterCard VISA American Express

Card Number: _____ Exp. Date: _____
 Cardholder Name: _____ CCID#: _____
 Cardholder Signature: _____ Date: _____

TOTAL AMOUNT: \$ _____ U.S. Dollars

Exhibit Contact: Heather Korff, heather@avs.org, 530-896-0477, fax 530-896-0487
Please Send Payment to: AVS, 110 Yellowstone Dr., Suite 120, Chico CA 95973