

SPONSOR INFORMATION

Last Name _____ First Name _____ MI _____

Title _____

Company _____

Name as it should appear in acknowledgements _____

Address 1 _____

Address 2 _____

City _____ State/Province _____ Zip/Postal _____

Phone _____ Fax _____

Email _____

**By providing your email address, you grant ARIMM permission to contact you via email regarding your sponsorship as well as ARIMM updates.*

Company logo: Yes (will provide) Company web address: _____

SPONSOR PARTICIPATION

_____ \$3,000	Title Sponsor	Includes	10	Conference Registrations*	<i>* Register attendee names below.</i>
_____ \$1,000	Gold	Includes	6	Conference Registrations*	
_____ \$750	Silver	Includes	4	Conference Registrations*	
_____ \$500	Bronze	Includes	2	Conference Registrations*	
_____ \$100	Participating	Includes	1	Conference Registrations*	
_____	Other donation amount (please specify)				

*** The tax deductible amount of your gift will be minus the cost of registration fees.*

Credit Card Payment: MasterCard Visa Discover

Card Number _____ Exp. Date _____

Name (as it appears on card) _____

Company Name (if corporate card) _____

Authorized Signature _____

Make checks payable to: **IPFW** ** Please include ARIMM on check.*
 2101 E. Coliseum Blvd. *Full payment required for payment to be processed.*
 Fort Wayne, IN 46805

HOW TO PARTICIPATE

- 1. Send in your completed Sponsor Form**, along with FULL PAYMENT. You can pay by check or credit card.
- 2. Watch your email or mail.** Sponsorship and donation confirmation will be sent to you.
- 3. Provide attendee name (print name as it should appear on name badge):**

1. _____	6. _____
2. _____	7. _____
3. _____	8. _____
4. _____	9. _____
5. _____	10. _____



Return your SPONSOR FORM and any correspondence to:

IPFW Dept. KT139
 2101 E. Coliseum Blvd.
 Fort Wayne, IN 46805

Phone: 260.481.6619
 Fax: 260.481.6949
 Email: cenoncr@ipfw.edu