SPONSOR SUPPLEMENTAL EVENT · 

Information Request Form

Company Name__________________________________________________________

Please complete this portion if the contact person is different than the person noted on the commitment form:

Contact Name__________________________________________________________
Telephone # ______________________ Email ________________________________
Address_________________________________________________________________
City, State & Zip Code____________________________________________________

When would you like to host your supplemental event?
Date_________________________ Time______________________________

Where do you intend to host the event?
______________________________________________________________________

What type of event would you like to host (please describe)
______________________________________________________________________
______________________________________________________________________

Who will be invited to attend?
___All conference attendees
___Other, please describe __________________________________________________

Please add any additional details you feel would be helpful for the committee here:
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

By signing below I/we agree to comply with the rules & regulations outlined within the sponsorship packet and specifically for supplemental events. I/we understand that the only list of attendees available to promote the event is the pre-conference mailing list that consists of postal mailing addresses, the same is provided approximately 30 days prior to the beginning of the conference. In addition, I understand that NAEPC is unable to offer verbal mention from the podium. Should your firm wish to explore additional marketing opportunities, please contact our sponsorship coordinator. If my event is approved, I understand that timing cannot be adjusted to conflict with any conference-related event and agree to notify NAEPC immediately if any event-related details change from what I have submitted above. Furthermore, I understand that NAEPC cannot guarantee attendance at my/our event.

Signature_____________________________________________________________

Title______________________________________________________________

Please complete and return this form to:
NAEPC Conference Committee
conference@naepc.org
(866) 226-2224 phone · (216) 696-2582 fax

Date Received__________ Committee Review ___ (___Accepted / ___ Denied)