



ALDACon 2019
Kansas City
October 23-27, 2019



**There's No Place
Like Home**

*The 31st International
ALDACon 2019
Overland Park, Kansas
Sponsor and Exhibit Application Form*

Your choice to complete online application form and credit card form at: www.alda.org
Or complete form below and mail in with check. If an invoice is needed contact: Matthew Ferrara, mattf812@comcast.net

Sponsor Level: ___ Platinum ___ Gold ___ Silver ___ Bronze ___ Supporter

Amount of Sponsorship/Supporter: \$

Name of Agency, Business, Organization:

Name of Company Rep at ALDACon:

Person(s) responsible for exhibit:

Telephone:

Text Only:

Fax:

Email:

Special Needs/Food Allergies:

(For exhibitors only) We wish to participate in the exhibits at ALDACon 2019 and hereby book table(s) by **September 1, 2019.**
(Please check the appropriate fee; include fees for additional table(s) if more than one.
(Fee includes badge and one Appreciation Luncheon ticket only.)

Business: \$500 ___

Extra Table \$100 ___

Nonprofit/Govt. \$325 ___

Extra Table \$100 ___

We will use/need:

Electricity ___

Phone Connection ___

Audiovisual ___

Internet Service ___

Hard Line Internet Connection ___

Phone Line ___

A full floor-size display ___ (There is a \$50 additional fee if display doesn't fit within your space)

Information Table only (100-200 copies) \$100 ___

Advertising in Program Book: Prices are for color and camera ready by **September 1, 2018.**

Full Page (4.5" x 7.5") \$100 ___

Half Page (3.5" x 4.5") \$50 ___

Ads for Program Book must be formatted to appropriate size dimensions or will be adjusted to match.

Send advertisements electronically to ALDACon SE Team, aldaconseteam@gmail.com, using the accepted formats: **PDF, TIFF, or JPEG.**

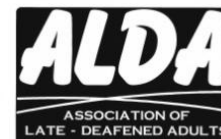
Deadline September 15, 2019 Not guaranteed to be in program book or exhibit space after this date.

Mail payment to: ALDACon 2019, 8038 MacIntosh Lane, Suite 2 Rockford, IL 61107.

Enclosed is a check # _____ for _____ USD as total payment for sponsors, exhibit table(s) and/or other available options.

We have read the regulations and agree to observe and be bound by them.

Authorized Signature _____ Date: _____





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*Sponsor/Exhibitor Information
(return with application form)*

Please provide the following information so we can best promote your business, organization, or agency.

1. Contact information as you want it to appear in ALDA's promotional materials:
2. A descriptive paragraph (maximum of 50 words) about your business, organization, or agency and your logo in jpeg format.
3. What you will display, sell, and/or demonstrate at your exhibit booth:
4. Will you be offering discounts or promotions during ALDACon 2019? If yes, please specify:
5. Will you be having any drawings or raffles during ALDACon 2019? If yes, please provide details:

Information you provide will be used on the ALDACon 2019 Website and in promotional materials. ALDA reserves the right to edit information due to space constraints. Please email the information above to: aldaconseteam@gmail.com

