## 2023 IAD Biennial Conference Sponsorship/Exhibitor/Advertising Form



| Company/Organization |   |
|----------------------|---|
| Name:                | _ |
| Representative Name: | _ |

**Sponsorship:** Please circle or highlight the level of your choice.

| Sponsor Level    | Listing in<br>Conference<br>Program | Advertising in<br>Conference<br>Program | Exhibit Booth | Complimentary<br>Conference<br>Registration |
|------------------|-------------------------------------|---|---------------|---|
| Platinum: \$2000 | Yes                                 | Full page                               | 1             | 2   |
| Gold: \$1000     | Yes                                 | Half page                               | 1             | 1   |
| Silver: \$500    | Yes                                 | Quarter page                            | 1             | N/A   |
| Bronze: \$250    | Yes                                 | Business card                           | N/A           | N/A   |

| Exhibitor: Please select one respon   | nse:                       |                                       |
|---------------------------------------|----------------------------|---------------------------------------|
| Non-Profit organization wi            |                            | (\$100)                               |
| <del></del>                           |                            | with electrical hook up (\$120)       |
| Profit organization with 8'           | table and two chairs (\$12 | 5)                                    |
| Profit organization with 8'           | table and two chairs with  | electrical hook up (\$145)            |
| Exhibitor Registration and Meals:     |                            |                                       |
| I am already registered to atte       | end the conference. My m   | eals have been paid.                  |
| I am not registered for the cor       | ference but do wish to at  | tend the Friday luncheon. (\$18.00)   |
| I am not registered for the cor       | nference but do wish to at | tend the Saturday luncheon. (\$18.00) |
| I am not registered for the cor       | nference but do wish to at | tend both luncheons. (\$36.00)        |
| I am not registered for the cor       | ference and choose not t   | to purchase conference meals.         |
| Advertising: Please circle or highlig | ght your choice.           |                                       |
| Advertising Spaces and Rates          | Exhibitor Price            | Non-Exhibitor Price                   |
| Full page ad (7.5" x 10")             | \$125                      | \$200                                 |
| Half page ad (7.5" x 4.75")           | \$100                      | \$175                                 |
| Quarter page ad (3.25" x 4.75")       | \$75                       | \$125                                 |
| Business card ad (3.5" x 2")          | \$50                       | \$100                                 |

Make checks payable to JIAD and mail to P.O. Box #565, Jacksonville, IL 62650

| Mail completed forms to:                       | Or may also be sent via email to: |
|--|-----------------------------------|
| Illinois Association of the Deaf P.O. Box #565 | conference@iadeaf.org             |
| Jacksonville, IL 62650                         |                                   |