

Exhibit & Sponsorship Form

Send form via email to psiconference@parthenonmgmt.com or mail to Postpartum Support International, 5034A Thoroughbred Lane, Brentwood, TN 37027 USA.

List the contact person to whom all correspondence should be sent. (Please print clearly.)

E-mail full-color AND black/white logos to Tori Swinehart, tswinehart@parthenonmgmt.com, for inclusion in conference materials. Your logo must be received no later than May 31, 2017 to be included in all printed materials.

Contact Person: _____

Title: _____

Organization: _____

Street Address: _____

City, State/Province, Postcode/ZIP: _____

Country: _____

Phone: _____ Fax: _____

E-mail: _____ Website: _____

Sponsorship Opportunities

- | | |
|---|---|
| <input type="checkbox"/> Presenting Sponsor - Exclusive (\$25,000) | <input type="checkbox"/> Musical Performance Sponsor - Exclusive (\$10,000) |
| <input type="checkbox"/> Banquet Sponsor - Exclusive (\$15,000) | <input type="checkbox"/> Bookstore Sponsor - Exclusive (\$10,000) |
| <input type="checkbox"/> Diamond Sponsor (\$5,000) | <input type="checkbox"/> Platinum Sponsor (\$3,000) |
| <input type="checkbox"/> Gold Level Sponsor (\$2,000) | <input type="checkbox"/> Silver Level Sponsor (\$1,500) |
| <input type="checkbox"/> Business Friend Exhibitor (\$500) | <input type="checkbox"/> Non-Profit/Government Exhibitor (\$350) |
| <input type="checkbox"/> Advertising in Program (\$250) | <input type="checkbox"/> Item in Conference Bag (\$150) |
| <input type="checkbox"/> I cannot attend. Please accept my donation of \$_____. | |

If you will have exhibitor space, please select which days you will have a table (check all that apply)

<input type="checkbox"/> Wed, July 12	<input type="checkbox"/> Thu, July 13	<input type="checkbox"/> Fri, July 14	<input type="checkbox"/> Sat, July 15
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Payment Information

Total Payment: \$_____ Check number: _____

Credit Card: Visa Mastercard American Express

Card Number: _____ Exp Date: _____

Cardholder Name: _____ Phone: _____

Signature: _____

Cardholder Email: _____

Postpartum Support International is a 501(c)(3) designated organization.

Make checks payable to Postpartum Support International. Remittance must be in U.S. Dollars.