



# EXHIBITOR APPLICATION

Blast-off Conference

August 11, 2018 | Cedar Rapids, IA

**DEADLINE: May 31, 2018**

Name of Organization \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_ Website \_\_\_\_\_

Name of person(s) who will be at the Institute \_\_\_\_\_

Will you need electricity?    Yes    No    Will you need wifi?    Yes    No

## Business Type

Please select your business type, how many representatives will attend, and how many tables you will need. Tables are 8 ft. and come with one black linen and skirting. All tables must be staffed. All exhibitors are encouraged to donate one door prize upon arrival. All exhibits and ads must be approved by Iowa AEYC.

### SPONSORSHIP

Please check one:

Friends: \$100 Bronze: \$250 Silver: \$500	Gold: \$1000 Platinum: \$2,500 Diamond: \$5,000
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I will not be purchasing a sponsorship at this time.

### COMMERCIAL BUSINESS

Number of Tables	Cost Per Table \$25
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**TOTAL \$** \_\_\_\_\_

### NON PROFIT

Please check one:

Number of Tables (Free)	Number of Lunches Ordered x \$15
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**= TOTAL \$** \_\_\_\_\_

**TOTAL DUE: \$** \_\_\_\_\_

**Exhibitor applications, payment, and additional lunch payments are due by June 30, 2018.** No refunds will be made on fees.

Please contact Shawna Ebbeson at [shawna.ebbeson@gmail.com](mailto:shawna.ebbeson@gmail.com) or 641-351-8542 with any questions. Thank you for your support!

### Program Advertising Rates

Camera-ready art is necessary for all advertisements. Email a PDF and JPEG, black and white copy with payment to [eastcentralchapter@gmail.com](mailto:eastcentralchapter@gmail.com) by **June 30, 2018**.

Full Page - \$250    [8 ½" x 11"]

Half Page - \$150    [8 ½" x 5 ½"]

Business Card - \$50    [3 ½" x 2"]

No Ad

**TOTAL:**

### Lunches

Paying exhibitors receive one free lunch per table. If you wish to order additional lunches, the cost is \$15/day due by **June 30, 2018**.

Please indicate below if you would like to order additional lunches.

\_\_\_ Additional Lunches | Name \_\_\_\_\_

**TOTAL:**

### Make Checks Payable and Return To:

**East Central Iowa Chapter**  
P.O. BOX 10674  
Cedar Rapids, IA 502404