



# 2019 SPONSORSHIP/ EXHIBITOR APPLICATION

## Employment, Training, Benefits & Wellness

May 1, 2019 • Jefferson City, Missouri  
Capital Plaza Hotel & Convention Center

**Our space is limited and treated on first come first served basis. Please complete this form and return as soon as possible.**  
For additional information, contact Nan Boland at 515-331-9020 or [Nan@MissouriEmploymentConference.com](mailto:Nan@MissouriEmploymentConference.com)

### COMPANY INFORMATION

Company information must be listed as it should appear in printed materials.

**Company/Organization** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Phone** \_\_\_\_\_ **Website** \_\_\_\_\_

### SPONSORSHIP LEVEL

- Titanium \$3500
- Silver \$1500
- Platinum \$2500
- Bronze \$1000
- Gold \$2000

### EXHIBITOR REPRESENTATIVE (Primary Contact)

Please list name and company as it should appear on the name badge.

**Name** \_\_\_\_\_ **Title** \_\_\_\_\_

**Email** \_\_\_\_\_ **Phone** \_\_\_\_\_

- Please check here if you will have additional exhibitor representatives.** The cost for each additional exhibitor representative is \$50 (food privileges only, conference registration is not included). Payment must be included with Sponsorship / Exhibitor Application to receive this special price for an additional exhibit booth staff member. Please enter their information under the Additional Exhibitor Representative section.
- Please check the box if you need electricity.** Electricity is available for an additional \$30.00 per booth.

### PAYMENT INFORMATION

- Check Enclosed**  
Make checks payable to: **Missouri Employment Conference**  
Mail completed information form with payment to:  
Missouri Employment Conference  
P.O. Box 52, Polk City, IA 50226
- Invoice** (Please see Registration Terms & Cancellation Policy)  
Completed information form may be faxed or emailed,  
Fax: 515-331-2199  
Email: [nan@MissouriEmploymentConference.com](mailto:nan@MissouriEmploymentConference.com)

**Billing Email** \_\_\_\_\_  
(Invoices will be emailed to this email address.)

#### Payment Policy

Total payment is required to complete your registration.

Your payment should include payment for the sponsorship or exhibit booth space plus any additional exhibit booth personnel.

We reserve the right to refuse admission to the conference, if payment has not been received.

#### Registration Terms & Cancellation Policy

Once we have received this application form, you will be responsible to pay the sponsorship/exhibitor registration fee based on the Registration Terms & Cancellation Policy.

There are no refunds for cancellations by exhibitors or sponsors. If an exhibitor or sponsor cancels at any time, for any reason, the exhibitor or sponsor will be responsible for the entire exhibitor or sponsor fee.

### REGISTRATION/ ORDER SUMMARY

Level	\$	_____	
Add'l Exhibitor	\$	_____	
Electricity	\$	_____	(Available for \$30.00/booth)
<b>TOTAL</b>	\$	_____	

## ADDITIONAL EXHIBITOR REPRESENTATIVE(S)

Please list name and company as it should appear on the name badge.

### Additional Exhibitor Representative 1

Name \_\_\_\_\_ Title \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

### Additional Exhibitor Representative 2

Name \_\_\_\_\_ Title \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

## COMPLIMENTARY REGISTRATIONS

If your sponsorship level includes complimentary registrants, please enter their information below. They must be registered in order to attend. Please list name and company as it should appear on the name badge.

### Complimentary Registration 1

Name \_\_\_\_\_ Title \_\_\_\_\_

Company \_\_\_\_\_ Email \_\_\_\_\_

### Complimentary Registration 2

Name \_\_\_\_\_ Title \_\_\_\_\_

Company \_\_\_\_\_ Email \_\_\_\_\_

### Complimentary Registration 3

Name \_\_\_\_\_ Title \_\_\_\_\_

Company \_\_\_\_\_ Email \_\_\_\_\_

### Complimentary Registration 4

Name \_\_\_\_\_ Title \_\_\_\_\_

Company \_\_\_\_\_ Email \_\_\_\_\_

### Complimentary Registration 5

Name \_\_\_\_\_ Title \_\_\_\_\_

Company \_\_\_\_\_ Email \_\_\_\_\_

## Office Use Only

Received \_\_\_\_\_ Entered \_\_\_\_\_ Invoice # \_\_\_\_\_ Paid \_\_\_\_\_ Check # \_\_\_\_\_