



# 12TH ANNUAL THOMPSON CENTER AUTISM CONFERENCE

## Sponsorship Application

September 21-22, 2017

Organization Name: \_\_\_\_\_

Website: \_\_\_\_\_ E-mail: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone Number: (\_\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

OFFICE USE ONLY: CEIS: 128600	Customer ID# _____	Receipt # _____
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**NOTE: All exhibitors and sponsors subject to approval by conference committee.**

### Select a Sponsorship Package Level - See attached for package details

- Title Sponsor .....\$10,000 \$ \_\_\_\_\_
- Printing Sponsor .....\$ 5,000 \$ \_\_\_\_\_
- Technology Sponsor .....\$ 3,500 \$ \_\_\_\_\_
- Keynote Sponsor .....\$ 2,000 \$ \_\_\_\_\_
- Session Sponsor .....\$ 1,000 \$ \_\_\_\_\_
- Poster Session (excludes booth space).....\$ 500 \$ \_\_\_\_\_

**Sponsorship opportunities and space are limited.** To inquire about availability of levels or additional sponsorship opportunities contact [HughesKL@health.missouri.edu](mailto:HughesKL@health.missouri.edu); (573) 884-5164

Booth space (one 8 ft. skirted table) will be assigned by the sponsorship committee based on level of sponsorship, timeliness of payment, and space availability/needs.

**Booth space needed?**  Yes  No

**Complimentary registration needed?**  Yes  No

### How to Apply:

**Complete form and mail or fax to:** Autism Conference, 344 Hearnes Center, Columbia, MO 65211; Fax: 573-882-1953.

**Questions regarding application process contact [muconf3@missouri.edu](mailto:muconf3@missouri.edu). All cancellations must be submitted in writing to the MU Conference Office by September 12.**

Sponsorship amounts in excess of the sponsorship benefits received may be considered a charitable contribution and may be tax deductible as allowable by law. Questions regarding the total deductibility of your gift should be directed to your tax advisor. Value of your package, for tax purposes, is available upon request.

### Method of Payment:

**NOTE:** For security reasons, emailed registration forms containing credit card information. **WILL NOT BE PROCESSED.**

**Check:** (made to University of Missouri)

**Credit Card:**  MasterCard  VISA  Discover  AMEX

Name on Card: \_\_\_\_\_ Authorized Signature: \_\_\_\_\_

Address if different than name listed above: \_\_\_\_\_

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_