

2006 MASFAP CORPORATE SUPPORT

Institution Name: _____			
Address: _____			
	City	State	Zip
Contact Person: _____			
E-mail: _____	Phone: _____	Fax: _____	
Company			
CEO/Manager _____			

EXHIBIT OPPORTUNITIES

Spring 2006 Conference, Lake of the Ozarks-March 8-10, 2006

- \$400 Exhibit Fee (You must register for the conference through membership. This fee **does not** include a complimentary registration).
- I require a standard phone line setup. (Additional charge will apply)

Spring 2006 Exhibit Total \$ _____

Fall 2006 Conference, Lake of the Ozarks-November 5-7, 2006

- \$400 Exhibit Fee (You must register for the conference through membership. This fee **does not** include a complimentary registration).
- I require a standard phone line setup. (Additional charge will apply)

Fall 2006 Exhibit Total \$ _____

CORPORATE SUPPORT

Activity	Cost	\$ Contributed Spring, 2006	\$ Contributed Fall, 2006
Program Printing	\$100	\$ _____	\$ _____
<small>(Logo and Corporate name will be displayed in conference program)</small>			
Training		\$ _____	\$ _____
<small>(Logo and Corporate name will be displayed in various MASFAP sponsored activities, including Early Awareness and Professional Development, along with Sponsor recognition at the conference and in the conference program.)</small>			
Conference Meals	\$TOTAL	\$ _____	\$ _____
Wednesday:	\$ _____	PM Break \$ _____	Dinner
Thursday:	\$ _____	Breakfast \$ _____	AM Break \$ _____ Lunch
	\$ _____	PM Break \$ _____	Dinner

CONTINUED-2006 MASFAP CORPORATE SUPPORT FORM

Friday: \$ _____ Breakfast \$ _____ Brunch

(Name and recognition during sponsored meal, name displayed at event, name printed in conference program. Please note a \$400.00 annual minimum support is required in order to receive sponsorship recognition, excluding exhibit fees and printing of the program).

TOTAL 2006 MASFAP CORPORATE SUPPORT

\$ _____

Forms must be faxed to:

Rebecca Hedrick, Citibank, MASFAP Corporate Support Chair

316-722-0388 or Email Rebecca.Hedrick@Citigroup.com
316-722-3644 Office phone

Please make checks payable to MASFAP. Payment is due by **February 3, 2006**.

All payments must be sent to:

Regina Blackshear, Harris-Stowe State University, MASFAP Treasurer
3026 Laclede Ave, St. Louis, MO. 63103

**NOTE: If paying for Spring 2006 Conference only, please copy this form for Fall payment.
Fall payment should be received by October 13, 2006.**

FOR OFFICE USE ONLY			
Date Form Received	_____	Total Commitment Amount\$	_____
Printing: Spring	Fall	Activity Fee: Spring	Fall Training: Spring
Sponsoring Event(s)	Spring	_____	
Sponsoring Event(s)	Fall	_____	
Exhibit: Spring: Booth	_____	Exhibit: Fall: Booth	_____
Spring Received Date:	_____		
_____	Check#	\$\$	Sent
Fall Received Date:	_____		
_____	Check#	\$\$	Sent