SPONSORSHIP REGISTRATION FORM – CF0580
2017 Minnesota’s Airport Conference - April 12-14, 2017
Verizon Wireless Center, Mankato, Minnesota

Organization/Company: __________________________________________________________

Representative: __________________________________________________________________

Email (required): ________________________________________________________________

Business Address: __________________________________________________________________

City: ___________________________________________ State: _____ Zip Code: _____________

Telephone: __________________________________________ Fax: _________________________

Company Website: __________________________________________________________________

SPONSORSHIP FEES:

☐ $500 - Supporter (No booth)
☐ $750 - Silver Sponsor (Includes ONE conference registration)
☐ $1,500 - Gold Sponsor (Includes TWO conference registrations)
☐ $2,500 - Platinum Sponsor (Includes FIVE conference registrations)
☐ $225 - Extra registration (fee increases to $250 after March 28, 2017)

______ - How many additional registrations will you need?

$ _______ TOTAL REGISTRATION FEES

EXHIBIT BOOTH (Platinum through Silver Level Sponsors are eligible for one exhibit booth space on April 12-13):

☐ Yes, I would like one exhibit booth space on April 12-13. Exhibitors are required to provide proof of insurance upon request.
☐ No, I do not plan to exhibit at the conference.
☐ Electricity at exhibit (cost included in registration fee)
☐ I request a 6 foot table. ☐ I request a high cocktail table (availability is very limited)

DIETARY NEEDS FOR AWARDS LUNCHEON (Thursday, April 13)

☐ Vegetarian ☐ Gluten Free

METHOD OF PAYMENT: (Do not email credit card information)

☐ Enclosed is a check or money order payable to the University of Minnesota in U.S. funds.
☐ Please bill my organization (purchase order or letter of authorization attached).
☐ Please charge: ☐ VISA ☐ MasterCard ☐ Discover Card ☐ American Express

Card Number:________________________________________________________ Expiration Date: __________

Name: _______________________________ Signature of card holder: ______________________
(as it appears on card)

To Register:

Online: http://airtap.umn.edu/events/airportsconference/2017
Fax: 612-624-5359
Mail: University of Minnesota: CCE Registration
353 Ruttan Hall, 1994 Buford Drive,
St. Paul, Minnesota 55108

For More Information:
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