

2009 Fall Conference - Application for Business Sponsorship

Monday, November 16 - Wednesday, November 18, 2009

Montgomery Bell State Park, Burns, Tennessee

<http://state.tn.us/environment/parks/MontgomeryBell/>

Please complete this form.

Business Name: _____

Representative's Name: _____

ACA Business Affiliate/Partner **ACA Member** **Non-Member**

Street Address: _____

City: _____ State: _____ Zip: _____

E-mail (print clearly): _____

May we send confirmation and information via e-mail: **Yes** **No**

Office Phone: _____ Cell: _____

Fax: _____ Web Site: _____

Please briefly describe the goods/services your business provides: _____

Levels of Sponsorship (please select one):

\$ 2000.00 Sponsor of our *keynote speaker* includes attendance at all conference events, single room, option to offer an informational workshop and space for an exhibit. Recognition of your sponsorship will be posted and announced at the keynote session and throughout the conference. And you will be offered the opportunity to place an ad and an information article in our next section newsletter to our membership following the conference.

\$ 900.00 Sponsor of a *special event* includes attendance at all conference events, single room, option to offer an informational workshop and space for an exhibit. Recognition of your sponsorship will be posted and announced at the special event and throughout conference. And you will be offered the

opportunity to place an ad and an information article in our next section newsletter to our membership following the conference.

\$ 550.00 Sponsor includes attendance at all conference events, single room, option to offer an informational workshop and space for an exhibit. Recognition of your sponsorship will be posted and announced at the conference. And you will be offered the opportunity to place an ad and an information article in our next section newsletter to our membership following the conference.

\$ 150.00 Sponsor includes the opportunity to send printed, promotional material to be displayed at the conference or included in participant packets.

Our company would also like to donate the following to the silent auction in support of scholarships to this conference: _____

All fees are payable by check or credit card to: ACA, Heart of the South.

IF PAYING BY CREDIT CARD, please complete this information:

Credit Card: Visa MasterCard American Express

Credit Card Number: _____

Expiration Date: _____ **Security Code:** _____

Name as it appears on the Credit Card (print clearly):

Signature: _____

Please mail or fax this form with payment to:

ACA Heart of the South - 4132 Rocky Branch Road - Walland, TN - 37886

865-983-5393 (fax)

ACAHeartOfTheSouth@ACACamps.org

For more information: 888-829-2267

Confirmation will include a personal phone call to you. If you have any questions, feel free to contact Wanda DeWaard with the above contact information. All fees are payable by check or credit card to ACA, Heart of the South.