

# Sponsorship Request

Please select sponsorship level (*Multiples may be chosen*):

- |                          |   |          |
|--------------------------|---|----------|
| <input type="checkbox"/> | Platinum Event Sponsor (1 available)    | \$20,000 |
| <input type="checkbox"/> | Gold Meet & Greet Sponsor (1 available) | \$10,000 |
| <input type="checkbox"/> | Silver Lunch Sponsor (2 available)      | \$7,500  |
| <input type="checkbox"/> | Bronze Breakfast Sponsor (3 available)  | \$5,000  |
| <input type="checkbox"/> | Plenary Speaker Sponsor (12 available)  | \$1,500  |

## Sponsor Information:

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

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

City / State-Province / Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Email Address: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

## Payment Information:

Check Enclosed (*must mail form and check in U.S. funds to address above*)

Charge my credit card for the total amount of the items I have selected above (*must fill out section below*)

Type of credit card:  Mastercard  Visa  American Express  Discover

Card Number: \_\_\_\_\_ CVC #: \_\_\_\_\_ Exp. Date \_\_\_\_\_

Name of cardholder (please print): \_\_\_\_\_

Signature of cardholder: \_\_\_\_\_

### Mail Form to:

Camelid Genetics Conference  
c/o Alpaca Registry, Inc.  
5901 N 28th St, Ste 100  
Lincoln, NE 68504

### Fax Form to:

(402) 437-8488