

2012 AFP DFW Philanthropy Conference

Friday, June 08, 2012

Hosted by the Association of Fundraising Professionals (AFP) Fort Worth Metro and Greater Dallas Chapters

Sponsor / Exhibitor Commitment Form

Company Name _____
(EXACTLY as it should appear in printed materials)

Primary Contact

Name _____ Title _____
Address _____
City _____ State _____ Zip _____
Phone _____ Fax _____ Email _____

Sponsorship Commitment

- Presenting Sponsor - \$5,000 (admit 6 attendees)
- Luncheon Sponsor - \$3,500 (admit 4 attendees)
- VIP Reception/AFP Lounge Sponsor - \$1,500 (admit 2 attendees)
- Exhibitor - \$450 (admit 2 attendees, **\$500 after April 27th**)
- Keynote Speaker Sponsor - \$3,500 (admit 4 attendees)
- Exhibit Hall Sponsor - \$2,000 (admit 2 attendees)
- Track Sponsor - \$1,500 (admit 2 attendees)

Company representative(s) or guest(s) attending conference according to level of sponsorship:

BADGE #1

Name _____
Title _____
Company _____
Address _____
City _____ State _____ Zip _____
Phone _____ Fax _____
Email _____

BADGE #2

Name _____
Title _____
Company _____
Address _____
City _____ State _____ Zip _____
Phone _____ Fax _____
Email _____

BADGE #3

Name _____
Title _____
Company _____
Address _____
City _____ State _____ Zip _____
Phone _____ Fax _____
Email _____

BADGE #4

Name _____
Title _____
Company _____
Address _____
City _____ State _____ Zip _____
Phone _____ Fax _____
Email _____

BADGE #5

Name _____
Title _____
Company _____
Address _____
City _____ State _____ Zip _____
Phone _____ Fax _____
Email _____

BADGE #6

Name _____
Title _____
Company _____
Address _____
City _____ State _____ Zip _____
Phone _____ Fax _____
Email _____

Company Name _____

Additional Badges/Registrations

Email (afpchapteroffice@afpdallas.org) or fax (972-490-4219) name, title, company name and address, city, state and zip, phone, fax and email information per person when purchasing additional badges/registrations below):

- Additional attendees for sponsors/exhibitors listed above x \$115 each = \$ _____
- Association Partner (by invitation only, includes 1 attendee) Additional attendees x \$90 each = \$ _____

PAYMENT

Please return completed form and payment by mail, fax or email:

Mailing Address: **AFP Greater Dallas Chapter, 14070 Proton Rd., Suite 100, LB 9, Dallas, TX 75244**

Fax Number: 972-490-4219

Email Address: afpchapteroffice@afpdallas.org.

- Enclosed is my check for \$ _____ made payable to **AFP Greater Dallas Chapter**
 - Please charge \$ _____ to my credit card (Circle one: Visa MC or AmEx)
- Card No. _____ Exp. _____
- Name printed on card _____
- Cardholder signature _____ Date _____

How would you best describe your business and/or business services? Please choose up to two (2) categories for our Company Listing on the conference program insert:

- Business Services (i.e., Accounting, Legal, Bank, Employment)
- Fundraising Consulting Services
- Direct Mail
- Donor Management Solutions
- Education and Training
- Event Planning
- Printing
- Promotional Products
- Recognition Solutions
- Social Media/E-Communications
- Technology Support Services

For questions or for more information, please contact:

Nancy Swartz, *Conference Sponsor Chair*, at 817-312-9364 or n.swartz@sbcglobal.net

Information on logo submission, directions, overnight accommodations, and additional conference details will be included in a confirmation packet sent to the primary contact listed above, upon receipt of commitment and payment in full. Benefits pertaining to logo inclusion or listing in print or electronic media are pending receipt of commitment before print deadline.

Detailed exhibitor instructions as well as forms for securing Internet and electrical connections can be found at www.dfwphilanthropyconference.com

Thank you for your support of AFP and of this excellent professional development opportunity for nonprofit professionals in North Texas and the surrounding region.