

Connect • Develop • Achieve • Repeat **Sponsorship Registration Form**February 26 - March 1, 2019 | Branson Convention Center

MPRA 1959-2019	Delegate Gift Sponsor	Keynote Sponsor	Open Reception Sponsor	Social Room Sponsor	Session Sponsor	Event Sponsor	App Sponsor	Soft Drink Sponsor	Coffee Sponsor
Recognition in Conference Program	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark			
1/4 page Ad in Conference Program	\checkmark	✓	✓	\checkmark	✓	✓			
Special Designation on Mobile App	\checkmark	\checkmark	✓	\checkmark	✓	✓			
Sponsor Signage at Conference	\checkmark	✓	✓	\checkmark	✓	✓			
Recognition at General Session & Awards Banquet	\checkmark	\checkmark	✓	\checkmark	✓	✓			
1 Complimentary Booth Space in Expo	\checkmark	✓	\checkmark	\checkmark	\checkmark				
1 Complimentary Full Delegate Pass	\checkmark	\checkmark	✓	\checkmark	✓	✓			
Recognition in pre-conference marketing	\checkmark	✓	\checkmark	\checkmark	\checkmark	✓			
Recognition on MPRA website	\checkmark	\checkmark	✓	\checkmark	✓	✓	\checkmark	✓	\checkmark
Banner Ad (600px by 250px) on Conference App							\checkmark		
Complimentary delegate packet stuffer	\checkmark	\checkmark	✓						
Logo on Delegate Gift	\checkmark								
3-5 Minutes to address General Session & introduce Keynote presenter		\checkmark							
3-5 Minutes to address Tuesday Social attendees			✓						
Sponsor Banner at Tuesday Social			\checkmark						
Host a 2 hour reception to entertain all delegates				\checkmark					
1 keg of beer for your social on Tuesday Evening				\checkmark					
Signage in meeting rooms & recognition by room host					\checkmark				
Soft Drinks Provided By [Company Name] & logo at all beverage stands								\checkmark	
Coffee provided By [Company Name] & logo at coffee stand									\checkmark
	OUT	OUT	OUT TUD	0402 TUO	\$2,000 (8)	\$1,000 (unlimited)	O <mark>go</mark> z Tuo	\$500 (1)	\$500 (2)
Sponsor Information (Please Print)			Payn	nent Meth	od				
Sponsorship Level:			☐ Che	ck 🗆 Visa	Disc,	/MC	AMEX	\square Invoice Me	
Company/Organization:			Name o	n Card:					
First & Last Name:Title:			Card Nu	mber:					_
Address: City/State/Zip:				on:/					
Phone: () Email:			Billing A	ddress:			Zi	p:	
Company Website				ment must be in				yable to MPRA	