



# Vendor Participation Application

Application Deadline: April 3<sup>rd</sup>, 2009  
Conference Dates: June 26<sup>th</sup>-29<sup>th</sup>, 2009  
Vendor Fair Date: June 29<sup>th</sup>, 2009 (11am-4pm)

To reserve a booth, please check desired vendor level, or consider an event, meal, or gift sponsorship (which includes a vendor level):

### COMPANY INFORMATION

Company Name:   
Street Address:   
City / State-or-Prov. / Country / Postal Code:   
Names of Attending Staff:

### VENDOR LEVEL

- Silver \$1,000
- Gold \$2,000
- Platinum \$3,000

### COMPANY PRODUCT DESCRIPTION

Limit to 50 words or less and attach to form or email to [cjwagner@stcloudstate.edu](mailto:cjwagner@stcloudstate.edu).

### EVENT AND MEAL SPONSORSHIP

- Refreshment Break (includes Silver participation package) \$2,000
- Breakfast (includes Silver participation package) \$3,000
- Lunch (includes Gold participation package) \$4,000
- Saturday Night Dinner (includes Platinum participation package) \$10,000
- Opening Dinner (includes Platinum participation package) \$15,000
- Closing Dinner (includes Platinum participation package) \$20,000

### BUSINESS ADDRESS OF CONTACT

(for shipment of pre-conference materials)

Company Contact:   
Phone Number / Fax:   
E-mail:   
Street Address:   
City / State-or-Prov. / Country / Postal Code:

### GIFTS AND RAFFLE SPONSORSHIP

- Various Gifts (Vendor Level varies by gift amount) Contact us\*
- Check-In Gifts (Vendor Level varies by gift amount) Contact us\*
- Backpacks (includes Silver participation package) \$8,500

I acknowledge receipt of the 2009 ResNet Symposium terms, conditions, regulations and procedures. I hereby certify that I have the authority to commit our company's agreement to abide by these as well as any additional regulations deemed necessary by the 2009 ResNet Symposium and SCSU host, and release the ResNet Symposium, SCSU, its employees and representatives from all liability as a result of enforcement of these regulations.

**INVOICES** – if an invoice is required, one can be provided via fax or mail. A booth will not be assigned until payment is received.

### AUTHORIZED SIGNATURE

### DATE

Please retain a copy of this form for your records.

\*Please contact us for specific information about these opportunities.

E-mail: [cjwagner@stcloudstate.edu](mailto:cjwagner@stcloudstate.edu)  
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