



**University of Southern Indiana, College of Nursing and Health Professions
Center for Health Professions Lifelong Learning
MAIA- August 12 & 13, 2021
SPONSOR / EXHIBITOR REGISTRATION FORM**

EXHIBITOR INFORMATION		
Organization Name		
Address		
City	State	Zip
Contact Name		Telephone Number
E-mail		
Virtual Connection: Zoom connection information will be provided 1 week before the virtual conference		
LEVEL	FEE	
____ EXHIBITOR conference network time	\$200 Includes: Inclusion on Exhibitor List and Zoom connection during virtual	
____ PEWTER SPONSOR	\$500 Includes: Exhibitor items listed above, recognition of Pewter sponsorship on website, special recognition at conference, and one virtual conference registration.	
____ SILVER SPONSOR	\$1,000 Includes: Pewter Sponsor items, plus recognition of Silver sponsorship on website, company name and logo on marketing materials, and two full virtual conference registrations.	
____ GOLD SPONSOR	\$1,500 Includes Silver Sponsor items, plus recognition of Gold sponsorship on website, company name and logo on marketing materials and three virtual conference registrations.	
____ KEYNOTE SPONSOR	PLEASE ASK FOR DETAILS – DEPENDENT UPON KEYNOTE HONORARIUM Includes program acknowledgement of keynote sponsorship, recognition of keynote sponsorship on marketing, materials, special acknowledgement prior to keynote introduction, Zoom connection during virtual conference network time and two virtual conference registrations	
CHECK METHOD OF PAYMENT (USI Tax ID number: 351308176)		
<input type="checkbox"/> Check (Make checks payable to: USI) Credit card payment is available online	<input type="checkbox"/> Please Invoice – Individual or Department to Process Invoice: Name _____ Email _____ Phone Number _____	
Billing Address: (if different from address given above):		
TO REGISTER: Please email the completed form to Kelley Collazo at kacollazo@usi.edu OR Mail to: USI, Kelley Collazo, 8600 University Boulevard, Evansville, IN 47712		