

# Conference Sponsor



## “Creating the Future” Conference Sponsor Registration Form

Company Name: \_\_\_\_\_  
Company Contact: \_\_\_\_\_  
Contact Email: \_\_\_\_\_  
Company Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Fax Number: \_\_\_\_\_

Sponsor Levels:

	Level	Total Cost:
<input type="checkbox"/>	Platinum Conference Sponsorship- \$5000	\$
<input type="checkbox"/>	Diamond Conference Sponsorship- \$2500	\$
<input type="checkbox"/>	Gold Conference Sponsorship- \$1000	\$

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Payment Method: Please make checks payable to:  
*The Society of Sensory Professionals***

Send separate invoice  
 Check    Amount Enclosed: \$ \_\_\_\_\_    Check Number \_\_\_\_\_  
**Credit Card:**  Visa     MasterCard     American Express     Discover  
Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_  
Name on Card \_\_\_\_\_ Signature \_\_\_\_\_

**Please mail this form and payment to:**  
**The Society of Sensory Professionals**  
**C/O: The Wolf Group**  
**10860 Kenwood Road**  
**Cincinnati, OH 45242-2812**  
**Phone: 513-891-9100**  
**Fax: 513-792-3533**