



PROMOTIONAL OPPORTUNITIES: IAFP 2010 ANNUAL MEETING

We invite you to participate as a sponsor for IAFP 2010. Sponsorship participation provides an excellent opportunity to position your company or organization as a supporter of the Association.

Please review the event listing to select the event that will best position your organization. Reservations will be taken in order received for any open sponsorship events. A waiting list for events with a right of first option will be established. Partial sponsorships may be available.

SPONSORSHIP EVENT LIST

AMOUNT	EVENT
\$17,000	OPENING RECEPTION
\$16,500	CONFERENCE PROGRAM BAG
\$16,000	EXHIBIT HALL RECEPTION (Monday)
\$14,000	EXHIBIT HALL RECEPTION (Tuesday)
\$11,000	EXHIBIT HALL LUNCH (Monday)
\$11,000	EXHIBIT HALL LUNCH (Tuesday)
\$10,500	PRESIDENT'S RECEPTION
\$9,500	HOTEL KEY ADVERTISING
\$9,500	BADGE HOLDERS WITH LANYARDS
\$7,000	INTERNET CAFE
\$6,500	EXHIBIT HALL PASTRIES & COFFEE (Monday morning)
\$6,500	EXHIBIT HALL PASTRIES & COFFEE (Tuesday morning)
\$6,000	NOTEPADS WITH SPONSOR'S LOGO
\$5,000	WELCOME RECEPTION
\$4,500	EXHIBIT HALL COFFEE BREAK (Monday afternoon)
\$4,500	EXHIBIT HALL COFFEE BREAK (Tuesday afternoon)
\$4,000	STUDENT PDG LUNCHEON
\$3,500	COFFEE BREAK (Wednesday morning)
\$3,250	COFFEE BREAK (Wednesday afternoon)
\$2,500	COMMITTEE DAY REFRESHMENTS
\$2,000	EDITORIAL BOARD RECEPTION
\$2,000	AWARDS BANQUET FLOWERS
\$1,000	SPEAKER TRAVEL SUPPORT (Multiple opportunities available)

SPONSORSHIP PARTICIPANT

NAME _____ COMPANY _____

ADDRESS _____

CITY _____ STATE OR PROVINCE _____

POSTAL CODE/ZIP +4 _____ COUNTRY _____

PHONE _____ FAX _____ EMAIL _____

DESIRED EVENT TO SPONSOR _____

AMOUNT PAID: \$ _____ US Funds on US Bank PAYMENT TYPE: CHECK MASTERCARD DISCOVER

ACCOUNT NUMBER _____ VISA AMERICAN EXPRESS

CARD ID #* _____ EXPIRATION DATE _____ CARDHOLDER SIGNATURE _____

*Visa, Mastercard and Discover: See 3-digit Card ID number on the back of the card after account number. American Express: See 4-digit, non-embossed number printed above your account number on the face of your card.

PLEASE RETURN FORM TO:

IAFP | 6200 Aurora Ave., Suite 200W | Des Moines, IA 50322-2864
P: +1 515.276.3344 | F: 515.276.8655 | info@foodprotection.org

PLEASE DIRECT QUESTIONS TO:

David Larson | larson6@mchsi.com
P: +1 515.440.2810 | F: 515.440.2809