BAY PATH COLLEGE WOMEN'S PROFESSIONAL DEVELOPMENT CONFERENCE
THURSDAY, MAY 1, 2008
SPONSOR REGISTRATION FORM

COMPANY CONTACT

Indicate below the name of the person in your organization who is to be the main contact for this sponsorship (**please print clearly**):

Company _____

Name _____

Title _____

Address _____

City/State/Zip _____

Telephone _____ Fax _____ Email* _____

**General communications will come by email*

SPONSORSHIP LEVEL

☐ Level I ☐ Level II ☐ Exhibitor

EXHIBIT SPACE (*this sections is not applicable to **Level III** sponsors)*

Exhibit space consists of one 6-foot skirted table and two chairs.

List any competing organizations/industries you do not wish to have in close proximity:

_____

☐ I require an electrical outlet at my table. ☐110v ☐ 220v (Additional charges apply)

☐ I require Internet access. (Additional charges apply)

☐ I require telephone service. ☐Analog ☐ Digital (Additional charges apply)

Name(s) of Exhibit Personnel who will be attending (**please print**) as they are to appear on name badges

1) _____ 2)_____

☐ My Company will not be utilizing an exhibit table.

PAYMENT

*Your payment is due no later than **April 15, 2008.***

☐ Payment of $_____ is enclosed ☐ Purchase Order is enclosed ☐ Payment to be sent on _____ (date)

☐ Check ☐ MasterCard ☐Visa Credit Card # _____ Exp. Date_____/ _____

Signature of Cardholder _____

Please mail or fax this registration form to:

WPDC Office · Bay Path College
588 Longmeadow Street · Longmeadow, MA 01106
Facsimile: (413) 565-1118 Telephone: (413) 565-1066

For WPDC Use Only

☐ Payment Rec'd Date_____ Pmt. Confirm _____