

37th ANNUAL ILLINOIS PUBLIC SAFETY TELECOMMUNICATIONS ASSOCIATION CONFERENCE
October 24-27, 2021

SPONSORSHIP APPLICATION
www.911conference.org

Exhibitor Information:

Firm/Company Name _____		
Mailing Address _____		
Phone Number _____	Fax Number _____	Company Web Site URL _____
Type of Exhibit/Service/Product _____		
Contact Name _____	Contact Email Address _____	Date _____

Exhibit Hall Information:

Booth Fees: \$650.00 each (through 8/31/2021)
 \$725.00 each (after 8/31/2021)
Booth fee includes two (2) exhibitor badges
Additional Badges: \$50.00 each (Includes Mon. Lunch Ticket)

Exhibitor Name (included) _____
 Exhibitor Name (included) _____
 Additional Exhibitor (\$50) _____
 Additional Exhibitor (\$50) _____
 Additional Exhibitor (\$50) _____
 Additional Exhibitor (\$50) _____

of Booths _____ \$ _____
 # of Extra Badges _____ \$ _____

Booth Choice # 1 _____
 Booth Choice # 2 _____
 Booth Choice # 3 _____
 Booth Choice # 4 _____

Booths will be assigned by the date the application is received (with payment) in order of choice selection.

Sponsorship Information:

Sponsorship Levels:

See 2021 Sponsor Opportunities Flyer

- Diamond - \$10,000 *
 - Limit one (1) vendor
- Platinum - \$5,000 *
 - Only six (6) Platinum level available
 - One booth space provided (w/2 registrations)
 - Sponsorship recognition choice _____
- Gold - \$2,500 *
- Silver - \$1,500 *
- Bronze - \$500 (conference recognition only)

** IF applicable, 2020 sponsor discount will be applied to rates
 See attached Sponsorship information sheet for more details.*

Sponsorship Total \$ _____

Booth Fee Total \$ _____

Extra Badge Total \$ _____

Sponsorship Total \$ _____

GRAND TOTAL \$ _____

Payment Method: YOUR APPLICATION WILL NOT BE PROCESSED WITHOUT PAYMENT IN FULL. All payments must be in US Dollars

Check/Money Order payable to: IPSTA * Email form with payment info to: IPSTAvendors@gmail.com – PREFERRED

Master Card Visa AMEX Discover

* If paying by check, email form to email address, mail check to: LTACC Attn: Mike O'Connor, 304 W Burlington Ave, LaGrange IL 60525

Credit Card Number _____ Month/Year Exp _____ 3/4Digit Security Code _____

INTERNAL USE ONLY						
	Vendor Number	Booth(s) assigned	Sponsorship	Date Received	Payment Method	Amount Received