

# Application to Hold an Industry Product Theater



**THE AADSM MUST RECEIVE THIS APPLICATION, FULLY COMPLETED, BY MARCH 7, 2018.**

Please attach the following: Event Speakers and Contact Information, Event Outline and Schedule, and Content Description.

## EVENT INFORMATION:

Name of Event:		
<input type="checkbox"/> <b>Friday, June 1, 2018</b>	Start Time: 12:30pm	End Time: 1:30pm
<input type="checkbox"/> <b>Saturday, June 2, 2018</b>	Start Time: 12:30pm	End Time: 1:30pm
Name of Organization(s) Hosting Event:		
Will you be utilizing the food and beverage that is included in the sponsorship?		<input type="checkbox"/> Yes <i>OR</i> <input type="checkbox"/> No

## LOGISTICAL PLANNING:

Please provide a description of the following:

- ♦ Event Speakers and Contact Information
- ♦ Event Outline and Schedule
- ♦ Content Description

Additional requirements and details may also be listed.

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## ON-SITE CONTACT INFORMATION:

Primary Contact Person:			
Address:			
City:	State/Province:	Postal Code:	Country:
Telephone:		Email:	
My signature below verifies that I have read and understand the conditions of this application, as well as the conditions and regulations published in the "IPT Guidelines" in the Sponsorship Guide. By signing below, I am indicating my company's agreement to be bound by any and all such conditions and regulations. I accept responsibility for informing all of our employee(s), speaker(s), supporter(s), and event organizers of these conditions and for ensuring that they will abide by them also. I further understand the penalties, which may be assessed if we are in violation of these conditions. I also understand the cancellation policy for canceling our event.			
Signature: <i>(Authorized Company Representative)</i>			Date:

## PAYMENT INFORMATION:

☐ Please charge me the non-refundable application fee of \$3,500.00

**AADSM Annual Sponsor Discount**

*(Platinum: 30%; Gold: 25%; Silver: 20%)*

**GRAND TOTAL:**

**I will be paying via:**

☐ Personal Check or Money Order\*

Credit Card: *(Check One)*

☐ Visa

☐ MasterCard

☐ American Express

Card Number:

Exp. Date:

Validation Code:\*\*

Name on Card:

Signature:

*\* Checks and international money orders should be made payable to the AADSM. Checks will not be accepted unless they are made in U.S. funds drawn on a U.S. bank.*

*\*\* For VISA or MasterCard, the validation code is the last three digits in the signature box. For an American Express, the validation code is the four numbers above the credit card number.*

**PLEASE SUBMIT  
THIS FORM TO:**

**AADSM Meeting Department**

**Attn:** 2018 Annual Meeting  
1001 Warrenville Road, Suite  
175, Lisle, IL 60532

**Phone:** (630) 686-9875

**Fax:** (630) 686-9876

**Email:** [rprince@aadsm.org](mailto:rprince@aadsm.org)