



CONFERENCE VENDOR & SPONSORSHIP FORM

Boise Hotel and Conference Center
February 1-2, 2012

The Idaho Weed Control Association would appreciate your participation in the Idaho Weed Conference. By selecting the various types of sponsorships, you will be able to be involved directly with the conference.

The 2012 Conference features a variety of special topics dealing with vegetation management (sessions to include herbicide management, technology, IPM solutions, submitting weed samples for identification, etc.) The Conference will offer you a platform to display and promote your products and services for various disciplines of vegetation management.

Set-up begins Tuesday, January 31 at 7:00 PM and tear down will be after the last break on Thursday, February 2.

All sponsors will receive company recognition in the program, a sign posted at the event, and your name announced during the conference program. Sponsorships are received on a first-come/first-served basis.

Displaying Organization: _____

Contact Name: _____
Please note: Nametags will be required at all meetings and meals

Mailing Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____

E-mail Address: _____

Please indicate your participation level below:

DISPLAY OPTIONS	SPONSORSHIP OPTIONS
<input type="checkbox"/> Reserved display space - \$385* 8' table or free standing display needed	<input type="checkbox"/> Break sponsor - 4 @ \$200
<input type="checkbox"/> Reserved outside space - \$385*	<input type="checkbox"/> Supportive donation of IWCA - \$100 (minimum)
<input type="checkbox"/> Combined table & outside - \$585* (display area equivalent to two car stalls)	<i>For information on sponsoring an entire activity, please contact Rick Waitley at 208-888-0988.</i>
<input type="checkbox"/> Government/University - \$200 (promotional)	
<small>* includes one registration, value of \$140. Each additional conference registration for vendor representative available for \$50.</small>	
Total Donation \$ _____ Please list add'l vendor rep attending (if applicable): _____	
Gift Basket (list item): _____	

Visa Mastercard Discover American Express Card No. _____

Name on card: _____ Exp. Date: _____

Signature: _____

Visit our website for form and more information: www.idahoweedcontrol.org

Submit completed form to:
IWCA, 55 SW 5th Avenue, Suite 100, Meridian, ID 83642
or fax to 208.888.4586
Deadline: Monday, January 16, 2012