



## Sponsorship Program Registration Form

Please complete this form and return it to:

*2008 Annual Meeting & Conference Sponsorship Program  
The REBA Foundation, Inc.  
50 Congress Street, Suite 600  
Boston, MA 02109-4075*

I wish to participate in the following Sponsorship Packages:  
*(Please check all that apply)*

Package	Price
<input type="checkbox"/> Breakout Room 1	\$1,000
<input type="checkbox"/> Breakout Room 2	\$1,000
<input type="checkbox"/> Breakout Room 3	\$1,000
<input type="checkbox"/> Breakout Room 4	\$1,000
<input type="checkbox"/> Exhibit Hall Food Station 1	\$1,500
<input type="checkbox"/> Exhibit Hall Food Station 2	\$1,500
<input type="checkbox"/> Valet Parking	\$2,000
<input type="checkbox"/> Conference Gift	\$2,500 - \$3,500
<input checked="" type="checkbox"/> Name Badge Lanyards	<b>Sold!</b>
<input type="checkbox"/> Third Floor Lounge	\$4,000
<input type="checkbox"/> Conference Tote Bags	\$4,500
<input type="checkbox"/> Conference Luncheon	\$5,000
<input type="checkbox"/> Conference Syllabus	\$6,000

Total \$ \_\_\_\_\_

Contact Name: \_\_\_\_\_ Email: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Tel: (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_ Website: \_\_\_\_\_

Check One:             I wish to pay by check\*                       I wish to pay by credit card

Credit Card Information: Amex/VISA/MC \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Exp: \_\_\_\_/\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

*\*Checks should be made payable to REBA Foundation*