

Sponsor Registration Form

Company Name: _____

UMACHA | Navigating Payments 2021 | September 15-17, 2021 | Virtual Conference

- | | |
|--|----------------------------------|
| <input type="checkbox"/> Diamond Sponsor | \$5,000 |
| <input type="checkbox"/> Platinum Sponsor | \$3,000 |
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| <input type="checkbox"/> Virtual Reception Sponsor | \$2,500 |
| <input type="checkbox"/> Gold Sponsor | \$2,000 |
| <input type="checkbox"/> AAP/APRP/NCP Breakfast Sponsor | \$2,000 |
| <input type="checkbox"/> General Session Sponsor | \$2,000 |
| <input type="checkbox"/> Mobile App Sponsor | \$3,000 |
| <input type="checkbox"/> Silver Sponsor | \$1,000 |
| <input type="checkbox"/> Breakout Session Sponsor | \$1,000 |
| <input type="checkbox"/> Bronze Sponsor | \$750 |
| <input type="checkbox"/> Refreshment Break Sponsor | \$500 + Product Cost* |
| <input type="checkbox"/> Lunch Break Sponsor | \$500 + Product Cost* |
| <input type="checkbox"/> Networking Break Sponsor | \$500 |
| <input type="checkbox"/> Registration Page Sponsor | \$500 |
| <input type="checkbox"/> Email Blast Sponsor | \$500 |
| <input type="checkbox"/> Social Media Post Sponsor | \$500 |
| <input type="checkbox"/> Mobile APP Ad Sponsor | \$500 |
| <input type="checkbox"/> Poll Sponsor | \$500 |

**UMACHA will order product and invoice sponsor*

Sponsor Total from Above \$ _____

Please provide your company logo for use on Navigating Payments marketing items.
Email hi-res logo file (.psd, .ai or .eps) to info@umacha.org

PAYMENT INFORMATION *(Please check method of payment and provide requested information.)*

Method of Payment:

Invoice Check Make check payable to UMACHA and mail with original registration form to:

UMACHA 7100 Northland Circle, Suite 407, Brooklyn Park, MN 55428

Credit Card Name on Card _____ Card No. _____

American Express VISA MC Exp Date _____ Billing Zip Code: _____

Signature _____ Date _____

2021 Navigating Payments Sponsor Registration Form

Fax your completed form to (763)-549-7004 or email to info@umacha.org

COMPANY INFORMATION

Please complete all information in this section as it will appear in all conference materials.

Company Name _____

Company URL _____

Mailing Address _____

City _____ State _____ Zip _____

PRIMARY EVENT CONTACT

If someone other than the main on-site contact listed below should be your primary contact for communications regarding the conference, please provide the following information:

Name _____ Title _____

Address _____

Phone _____ Fax _____

E-mail _____

MAIN CONTACT

Complimentary registration with qualifying sponsorships (starting at \$395 for non-qualifying sponsorships).

Name _____ Title _____

Phone _____ Fax _____

E-mail _____

Second complimentary registration with diamond sponsorship (starting at \$395 for non-qualifying sponsorships).

Name _____ Title _____

Phone _____ Fax _____

E-mail _____

Copy and complete this page if sending more than two additional attendees or different attendees to the conference. Sharing/transferring of registrations is prohibited.

