

University of Southern Indiana, College of Nursing and Health Professions Center for Health Professions Lifelong Learning

SPONSOR / EXHIBITOR REGISTRATION FORM

EXHIBITOR INFORMATION			
Organization Name			
Address			
City	State	Zip	
Contact Name	act Name Phone Number		
Email			
Virtual Connection: Zoom connection information will be provided 1 week before the virtual conference			
LEVEL FEE			
EXHIBITOR PER DAY \$200 Includes conference network time	: Inclusion on Exhibitor Li	st and Zoom connection during virtual	
PEWTER SPONSOR \$500 Includes: Exhibitor items listed above, recognition of Pewter sponsorship on website, special recognition at conference, and one full virtual conference registration.			
SILVER SPONSOR \$1,000 Includes: Pewter Sponsor items, plus recognition of Silver sponsorship on website, company name and logo on marketing materials, and two full virtual conference registrations.			
GOLD SPONSOR \$1,500 Includes Silver Sponsor items, plus recognition of Gold sponsorship on website, company name and logo on marketing materials and three virtual conference registrations.			
KEYNOTE SPONSOR PLEASE ASK FOR DETAILS – DEPENDENT UPON KEYNOTE HONORARIUM Includes program acknowledgement of keynote sponsorship, recognition of keynote sponsorship on marketing, materials, special acknowledgement prior to keynote introduction, Zoom connection during virtual conference network time and two virtual conference registrations			
CHECK METHOD OF PAYMENT (USI Tax ID number: 351308176)			
☐ Check (Make checks payable to: USI)		e - Indicate below the name and email address nyoice should be directed:	
Billing Address: (if different from address given above):			
TO REGISTER: Please email the completed form to Kelley Collazo at kacollazo@usi.edu OR Mail to: USI, Kelley Collazo, 8600 University Boulevard, Evansville, IN 47712			