

**University of Southern Indiana, College of Nursing and Health Professions
Center for Health Professions Lifelong Learning
15th Annual Mid-America Institute on Aging and Wellness Conference
August 11 and 12, 2022
SPONSOR / EXHIBITOR REGISTRATION FORM**

EXHIBITOR INFORMATION	
Organization Name	
Address	
City	State Zip
Contact Name	E-mail
Telephone Number	
LOCATION: University of Southern Indiana, 8600 University Boulevard, Evansville, IN 47712 University Center, Carter Hall	
LEVEL	FEE
EXHIBITOR PER DAY \$500 for both days	\$300 Includes one conference registration for person at exhibit table, one 6ft. exhibit table, chair, refreshment breaks
BREAK SPONSOR	\$700 Includes exhibitor items listed above plus recognition during conference and signage during break
LUNCH SPONSOR	\$800 Includes exhibitor items listed above, plus program acknowledgment of lunch sponsorship, special signage during your sponsored lunch
PEWTER SPONSOR	\$1,000 Includes exhibitor items listed above, plus one additional conference registration, recognition of Pewter sponsorship on marketing, special recognition at conference
SILVER SPONSOR	\$1,500 Includes Pewter Sponsor items, plus recognition of Silver sponsorship on marketing, company name and logo on marketing materials
GOLD SPONSOR	\$3,000 Includes Silver Sponsor items, plus recognition of Gold sponsorship on marketing materials, company name and logo on marketing materials, prime exhibit location
KEYNOTE SPONSOR PLEASE ASK FOR DETAILS – DEPENDENT UPON KEYNOTE HONORARIUM INCLUDING TRAVEL EXPENSES Includes exhibit table, two conference registrations, program acknowledgment of keynote sponsorship, recognition of Keynote sponsorship on marketing, materials, special acknowledgment prior to keynote introduction.	
CHECK METHOD OF PAYMENT (USI Tax ID number: 351308176)	
<input type="checkbox"/> Check (Make checks payable to: USI) Credit card payment can be made at https://www.usi.edu/health/center-for-health-professions-lifelong-learning/conferences-and-workshops/sponsor-and-exhibitor-opportunities/	<input type="checkbox"/> Please Invoice - Indicate below the name and email address of where the invoice should be directed:
Billing Address: (if different from address given above):	