



SPONSORSHIP COMMITMENT

THANK YOU FOR SUPPORTING OUR COMMUNITY

CONTACT INFORMATION

First _____ Last _____
Company Name _____ Title _____
Address _____ City _____
State _____ Zip _____ Phone [_____] _____ Fax [_____] _____
Email _____ Website _____

EXHIBITOR TABLES

Tables

Table Business \$300..... []
Table Non-Profit/ Individual \$100 []
Table Government \$250 []

After your application has been processed, LUPEC staff will send a confirmation e-mail to the above- named person. If you have reserved an exhibit space, a service kit will be sent to you.

PAYMENT

Payment Form

Check Visa MasterCard American Express \$ Amount _____

Card # _____ Cardholders Name [as printer oncard] _____

Exp. Date _____ Card Auth. Code _____

Cardholder's Billing Address _____

City _____ State _____ Zip _____

Cardholder Signature _____ Date _____

Please E-mail application to: info@lupec-us.org