



Sponsorship and Vendor Showcase

Company Name (as it is to appear in recognition): _____

Contact Name/Title: _____

Mailing Address: _____

City/State/Zip: _____

Phone: _____ E-mail Address: _____

Table with columns: SPONSORSHIPS, COST, PACKAGE, AMOUNT. Rows include Platinum (\$2,000), Gold (\$1,500), Silver (\$1,000), Bronze (\$500), Golf Sponsorship (\$500), and Golf Hole Sponsor (\$300).

Special Event Sponsorship Opportunities

Your firm or organization can be the sole sponsor of one of the following:

Table with columns: Event Name, Cost, Package, Amount. Rows include Icebreaker (\$2,000), Keynote (\$1,000), President's Reception (\$1,500), and Awards Luncheon (\$500).

Vendor Showcase Opportunities (number of vendors is limited to twenty).

Vendor Showcase participants are invited to all Thursday activities and the Wednesday Icebreaker.

Table with columns: Vendor Show, Cost, Package, Amount. Rows include Exhibit Table with Sponsorship (\$500) and Exhibit Table without Sponsorship (\$500).

Total \$ _____

Please return completed form at your earliest convenience. Payment can follow but must be received by May 30 for your company to be included in the official Conference program.

Send to: KSPE, 825 S. Kansas Avenue, Suite 500, Topeka, KS 66612

***NOTE: As a part of a Platinum, Gold and Silver Sponsorship Package, please also complete this Conference registration form for each individual registered.**



Conference Sponsorship Individual Registration

Please use one form per registrant. Duplicate as needed.

Registrant Name (for badge) _____

Practice Section PEC PEHE PEG PEI PEPP

Company/Agency _____

Street/City/State/Zip _____

Phone _____ E-mail _____

CONFERENCE REGISTRATION

Full Conference Registration

One Day Registration

Thursday Friday

EVENT REGISTRATION

Golf Tournament

Golf Tournament \$125 (conference registrant)

Golf Tournament \$150 (non-registrant)

Golf Tournament (complimentary with Golf Hole Sponsorship)

Please indicate your team, if known

Icebreaker (included with Registration, but please check if you will attend)

Past Presidents Breakfast (by invitation only) *Free*

Order of the Engineer \$20

Tour and Lunch \$5

PAYMENT INFORMATION

TOTAL DUE \$ _____

Check Enclosed (*make payable to KSPE*)

Visa MasterCard - Email address _____

In order to minimize risk to your credit card, we utilize AffiniPay to process all credit card payments. If you would like to use your card, an invoice with a secure link to our processing site will be sent so you can enter your information to complete the transaction. Please check above credit card, and provide the email you wish to have the invoice sent to, if you would like to pay your invoice with a credit card.

Please complete Registration Form and return with payment to KSPE by May 30:

825 S Kansas Avenue, Suite 500, Topeka, KS 66612

Fax: 785.233.2206 Phone: 785.233.2121