

November 30 - December 2, 2022

Please save the filled form on your PC and email as an attachment

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Company/Organization Name Contact _____
 Address-1 _____ Title _____
 Address-2 _____
 City _____
 Phone _____ State _____ Zip _____ Country _____
 Industry _____ Email _____ Website _____

Please list the contact person for correspondence Same as above
 Name _____ Position _____ Email _____ Phone _____

Type (NON-EXCLUSIVE)	Item	Quantity	Amount	Total
EXHIBITORS SPONSORS	Platinum Sponsor		\$9,995	
	Gold Sponsor		\$7,995	
	Silver Sponsor		\$5,995	
	Exhibitor		\$2,995	
ADVERTISERS	Single Letter-size paper Advertisement		\$995	
	Conference Bag Insertion		\$1,495	
MERCHANDISE SPONSORSHIP	Conference Proceedings on Flash Drive		\$1,995	
	Name Badge Lanyards		\$2,995	
	Name Badge Inserts		\$1,995	
	Official Conference Bags		\$1,995	
	Floor Decals		\$1,985	
HANGING BANNERS	Vertical 8' x 8'		\$985	
	Vertical 8' x 10'		\$1,485	
	Vertical 8' x 14'		\$1,750	
	Horizontal 15' x 6'		\$1,985	
HOSPITALITY SPONSORSHIP	Mid Morning or Mid-Afternoon		\$995	
	Luncheon		\$995	
			Total	

Payment Information

CHARGE (Indicate type) Visa Master Card American Express
 Name on Card _____ Security Code _____
 Account # _____ Exp. Date _____
 Billing Address _____
 City _____ State _____ Zip _____
 Cardholder Signature _____ Date _____
 CHECK is enclosed payable to SyllabusX. **MONEY ORDER** is enclosed payable to SyllabusX.
 WIRE TRANSFER Email info@SROcongress.com for Wire Transfer instructions.

Please Note: This document when signed by a Sponsor/Exhibitor constitutes a binding legal agreement. The Sponsor/Exhibitor agrees that upon receiving this application and sales contract by SyllabusX, with or without appropriate payment, this application and sales contract shall become a legally binding contract, enforceable against the Sponsor/Exhibitor in accordance with its terms. By the above signature, the individual signing this document represents and warrants that he/she is duly authorized to execute this binding contract on behalf of the Sponsor/Exhibitor.

Billing Organization _____
 Attention _____
 Billing Email _____ Daytime Phone _____
 Signature _____