



2010 Sponsor Registration Form

21st Annual SRI in the Rockies Conference
 JW Marriott Hill Country Resort & Spa • November 18–21, 2010

Please see the preceding descriptions of sponsorship levels and benefits.

Sponsorship Level	We would be proud to be a Conference Benefactor	\$ _____
	We want to sponsor a Meal / Event: _____	\$ _____
	We want to support the conference as a General Sponsor	\$ _____
	We want to reserve a 30-Minute Sponsor Presentation Breakout time slot	\$ _____
Ad Upgrade	We want to upgrade to a Full-Page black & white ad (+\$535)	\$ _____
	We want to upgrade to a 1/2-Page black & white ad (+\$295)	\$ _____
Payment	Total Amount Due	= \$ _____
	Amount Enclosed	= \$ _____

Instruction

Payment of 100% of sponsorship fee is required with submission of this form.

Mail this form along with your check payable to SRI in the Rockies to:

SRI in the Rockies, 5475 Mark Dabling Boulevard, Suite 108, Colorado Springs, Colorado 80918

Send overnight packages to the above address. Use 719.636.1045 as the telephone number.

To pay by credit card call 888.774.2663.

Fax to: 719.636.1943

Deadlines

100% of Sponsorship Payment Due: **Upon Sponsorship Registration**

Organization Information

Attach business card and complete fields that differ from your card.

Organization: _____

Administrative Contact: _____

Attending the Conference? _____

Street Address: _____

City, State & Zip: _____

Telephone: _____ Fax: _____

E-mail: _____

If attending, special dietary needs (e.g., vegan; dairy intolerant): _____

QUESTIONS? Contact Conference Coordinator Krystala Kalil at 888.774.2663 / Krystala@SRIintheRockies.com



2010 Sponsor Participant Registration

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Please provide contact information for **EVERY PERSON** attending the conference from your organization—including the Administrative Contact, if applicable. **PLEASE PROVIDE ALL OF THE INFORMATION REQUESTED BELOW, EVEN IF YOU THINK WE ALREADY HAVE IT.** If you prefer, you are welcome to attach a business card for each attendee. Please copy this form as needed for additional attendees. Thank you!

Sponsor Attendee	Name:	Badge Name (if different):
	Company:	Title:
	Street Address:	
	City, State & Zip:	
	Telephone:	E-mail:
	<input type="checkbox"/> Please do not publish this contact information in the conference attendee list.	
	Special dietary needs (e.g., vegan; dairy intolerant):	
Sponsor Attendee	Name:	Badge Name (if different):
	Company:	Title:
	Street Address:	
	City, State & Zip:	
	Telephone:	E-mail:
	<input type="checkbox"/> Please do not publish this contact information in the conference attendee list.	
	Special dietary needs (e.g., vegan; dairy intolerant):	
Sponsor Attendee	Name:	Badge Name (if different):
	Company:	Title:
	Street Address:	
	City, State & Zip:	
	Telephone:	E-mail:
	<input type="checkbox"/> Please do not publish this contact information in the conference attendee list.	
	Special dietary needs (e.g., vegan; dairy intolerant):	
Sponsor Attendee	Name:	Badge Name (if different):
	Company:	Title:
	Street Address:	
	City, State & Zip:	
	Telephone:	E-mail:
	<input type="checkbox"/> Please do not publish this contact information in the conference attendee list.	
	Special dietary needs (e.g., vegan; dairy intolerant):	

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