



SPONSORSHIP APPLICATION

Company Information:

Company Name: _____
 Address: _____
 City: _____
 State: _____ Zip: _____
 Website: _____

Contact Name: _____
 Email: _____
 Phone: _____

Complimentary Registration(s):

*Gold – 3; Silver – 2; Partner – 1;
 Exhibitor – 1. Registration includes all meals.*

Name: _____
 Email: _____

Name: _____
 Email: _____

Name: _____
 Email: _____

Name: _____
 Email: _____

Sponsor Level (check one):

- Gold \$2,500 Partner \$500
- Silver \$1,000 Exhibitor \$250

If you are a Gold or Silver sponsor, please indicate if you plan to exhibit.

- Yes No

Please list the On-Site Booth Contact.

Name: _____
 Email: _____

Exhibit Space (if applicable):

Each booth includes one skirted 8 ft. table, electrical access and wireless Internet access.

Method of Payment:

- Request Invoice
 Send to email: _____

Check Enclosed # _____
 (Payable to Kansas Department of Commerce)

Credit Card – Pay online at
www.KansasCommerce.gov/ROCPaymentSponsors

Authorization:

The person signing this form is authorized to do so on behalf of the sponsoring organization.

Name: _____
 Signature: _____
 Date: _____

Email, fax or mail completed form to:

Kansas Department of Commerce
 Attn: Susan NeuPoth Cadoret
 1000 S.W. Jackson St., Suite 100
 Topeka, KS 66612-1354
 Phone: (785) 296-7198 ● Fax: (785) 296-3490
 Email: susan.neupothcadoret@ks.gov