

# SPONSOR APPLICATION

**Sponsor for the 18<sup>th</sup> Annual BHPH National Conference – Please make sponsor payments PROMPTLY! Thank you!**  
*We understand and acknowledge that exhibit space is limited to one company per exhibit booth (no booth sharing).*

\_\_\_\_\_ **Platinum Plus Sponsor (\$12,500):**

- \$3,500 deposit due immediately to reserve booth. Balance due, in full, by April 15, 2016.

\_\_\_\_\_ **Platinum Sponsor (\$7,500):**

- \$2,500 deposit due immediately to reserve booth. Balance due, in full, by April 15, 2016.

\_\_\_\_\_ **Gold Sponsor (\$5,000):**

- Full payment due immediately to reserve booth.

\_\_\_\_\_ **Silver Sponsor (\$2,500):**

- Full payment due immediate to reserve booth.

**1. Exhibitor Information: This information will be used when mailing & shipping all exhibitor materials.**

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Address (If PO Box, please provide shipping address also)

\_\_\_\_\_  
Fax

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Website

**2. Contact Information: The official contact will receive all sponsor materials and post conference attendee listings.**

\_\_\_\_\_  
Official Contact

\_\_\_\_\_  
Telephone (If different from above.)

\_\_\_\_\_  
Email

**3. Product or Service: Please select a category for the type of product(s) or service(s) to be exhibited.**

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> Advertising / Marketing     | <input type="checkbox"/> Attorney / Legal             | <input type="checkbox"/> Auto Transport               | <input type="checkbox"/> Capital – Floor Plans |
| <input type="checkbox"/> Capital – Lines of Credit   | <input type="checkbox"/> Capital – Notes              | <input type="checkbox"/> Certified Public Accountants | <input type="checkbox"/> Collection Training   |
| <input type="checkbox"/> Dealer Education            | <input type="checkbox"/> Dealer Management Software   | <input type="checkbox"/> Key Systems                  | <input type="checkbox"/> Lead Management       |
| <input type="checkbox"/> Payment Devices / GPS       | <input type="checkbox"/> Recoveries                   | <input type="checkbox"/> Reinsurance / Insurance      | <input type="checkbox"/> Tax Preparation       |
| <input type="checkbox"/> Trade Publication           | <input type="checkbox"/> Training                     | <input type="checkbox"/> Twenty Groups                | <input type="checkbox"/> Vehicle Remarketing   |
| <input type="checkbox"/> Warranty / Service Contract | <input type="checkbox"/> Other (please specify) _____ |   |  |

**4. Directory Information: This information will be printed in the conference workbook given to all attendees.**

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Address

\_\_\_\_\_  
Fax

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Website

**5. Signature**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name & Title