



NARSA ED-Tech Conference— Rialto, CA sponsorship form

To reserve your tabletop and/or sponsorship, please return the attached Tabletop/Sponsorship Application to:

NARSA—The International Heat Transfer Association

Phone: (412) 847-5747, fax: (724) 799-8416

Tabletop/Sponsorship Deadline: Tuesday, March 30, 2010

Rialto, CA

Please indicate the number of tabletops you wish to purchase and/or place an “X” next to the item(s) you wish to sponsor at each meeting.

- | | | | |
|--------------------------|--|----------|---------|
| <input type="checkbox"/> | Tabletop(s) @ \$395.00 – Member Rate | Subtotal | \$_____ |
| <input type="checkbox"/> | Tabletop(s) @ \$495.00 – Non-Member Rate | Subtotal | \$_____ |
| <input type="checkbox"/> | Friday Cocktails - \$500 (Co-sponsor) | Subtotal | \$_____ |
| <input type="checkbox"/> | Friday Cocktails - \$1,000 (Exclusive) | Subtotal | \$_____ |
| <input type="checkbox"/> | Saturday Breakfast Break- \$500 (Exclusive) | Subtotal | \$_____ |
| <input type="checkbox"/> | Saturday General Program- \$500 (Co-sponsor) | Subtotal | \$_____ |
| <input type="checkbox"/> | Saturday Afternoon Break - \$500 (Exclusive) | Subtotal | \$_____ |
| | Total for Rialto Ed/Tech | | \$_____ |

Company Name: _____

Contact Person: _____

Street Address: _____

City: _____ ST/Prov: _____ Zip/PC: _____

Telephone: _____ Fax: _____

E-mail: _____ Web Site: _____

Form of Payment:

Total Amount Due \$_____

Check _____

Credit Card: Visa MasterCard American Express

Card Number: _____ Exp. Date: _____

Total Amount to Be Charged to Card: _____

Cardholder’s Signature: _____

***Please note: In order to secure your space, advanced payment is required. Payment must be received with this application. Thank You!*

Names of representative who will be exhibiting at the event:

Name: _____

NARSA—The International Heat Transfer Association

3000 Village Run Rd, Ste 103, #221

Wexford, PA 15090-6315

(412) 847-5747 • FAX (724) 799-8416

info@narsa.org www.narsa.org