

Conference Sponsor / Exhibitor Form

Company Name: _____

Company Address: _____
(City) (State) (Zip Code)

Company Contact Person: _____

Phone Number: _____ (O) _____ (cell)

Company Website: _____ E mail Address: _____

I. Registration Fees and Deadline

- !) The sponsor will contribute a sponsorship fee of **\$1,700 USD** to the SEKE 2012 conference (the conference). Sponsor will then be entitled to have a space at the conference area for the duration of the conference.
- i. Upon payment by the sponsor, the conference will provide a receipt and W-9 Form.
 - ii. Payment by check/credit card/ money order is accepted. Indication of payment is requested below.
 - iii. Sponsorship fee will acquire a late fee after May 10th 2012 to **\$1,800 USD**
- #) If a sponsor wants to have an exhibition, the sponsor must send at least one person to handle the exhibition, who must register for regular conference registration; **\$695 USD** per person, includes two (2) dinners (July 1st and July 2nd 2012)
- i. Regular registration will acquire a late fee after *May 10th 2012* to **\$795 USD**.
 - ii. Payment by check/credit card/ money order is accepted. Indication of payment is requested below.

II. Terms and Conditions

- §) The conference will provide a SPACE; two (2) 6 ft. folding tables with skirt and two (2) chairs at the conference location: Hotel Sofitel, Redwood City, San Francisco Bay, California
- %) The SPACE will be available for the sponsor to use on all three conference days [Sunday July 1 - Tuesday July 3, 2012].
- i. The conference will inform sponsor of exact SPACE location in the hotel.
- &) The conference does not provide insurance coverage for individuals working at the SPACE nor the exhibition items, area and equipment's.
- ii. If necessary, please contact SEKE secretariats to discuss insurance.

The Sponsor's Institutional name and logo will appear in the SEKE 2012 Conference programs, website and proceedings

Sponsorship fee () \$*+!,-. after May 10 th 2012 () \$* +!,/.	0 USDS _____
1e2istration fee () \$* +34&" . . (per person) <input type="checkbox"/> attendee <input type="checkbox"/> attendees after May 10 th 2012 () \$* +-4&" . . (per person)	= USDS _____
Total USDS = _____	

Make checks payable to Knowledge Systems Institute with credit card, cash, check, or money order, either in person or by mail.
Note: There is a \$35.00 charge assessed to each bounced check. Registration fee is nonrefundable. Registration fee includes the proceedings, all coffee breaks, the reception and conference banquet. Extra tickets can be requested to conference secretariats. Registration must be accompanied by payment. Mailing this form does not constitute registration. Checks can be mailed to Knowledge Systems Institute 3420 Main Street, Skokie, IL 60076, USA, 847-679-3135 (office), 847-679-3166 (fax), seke12@ksi.edu.

Pay by credit card (Only 56SA and 7 aster Cards are accepted):

Credit Card Number: _____ E8piration *ate: _____

Name on the Card (Please Print): _____

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