

REEA 2014

Annual Conference

June 20 – 23, 2014 Scottsdale, AZ

Conference Exhibitor/Sponsor Application

Company:		
Contact Person:		
Mailing Address:		
City:	S	tate:Zip:
Phone: ()	Fa	ax: ()
Email:	Signature:	
Available Sponsorships		Exhibitor Booths
☐ Gold Level Conference Sponsor	\$5,000	☐ Single Booth Space \$750
☐ Silver Level Conference Sponsor	\$2,500	 Strategic Location for Maximum Exposure 8' x 10' Space with Table and Chairs
☐ Bronze Level Conference Sponsor	\$1,000	Recognition Signage displayed
☐—Saturday Morning First Timer Session—	\$ 500	• 1 Complimentary Full Conference Registration (2
☐ Friday Night Welcome Reception	\$1,000	Additional Full Conference Registrations can be purchased at a special rate of \$150/per person after that full rate will be
☐ Pre-Conference Teaser Webinars (2)	\$ 500	applied)
── Conference Bag Sponsorship	\$ 500	FREE Registration Attendee:\$150 Registration Attendee:
☐ REEA Walkers -Provide T-Shirts for Walkers	\$ 250 value	\$150 Registration Attendee:
☐ IDW Break Sponsorships (2)	\$ 250 ea.	☐ Unmanned Table Top Display—Full Table \$200
☐ Conference Break Sponsorships (7)	\$ 500 ea.	☐ Unmanned Table Top Display—½ Table \$100
☐ IDW Lunch Sponsorship	\$ 750	Cancellation Policy
□─Saturday Lunch Sponsorship	\$ 750	1. It is agreed that if a company cancels its space 90 days
☐ Sunday Lunch Sponsorship	\$ 750	(March 20, 2014) or more prior to the opening date of the conference, 50% will be refunded to exhibitor/sponsor.
☐ Sunday Dinner Sponsorship (3)		Exhibitors/Sponsors shall give written notice of cancellation
3 Partial Sponsorships Available	\$ 500 ea.	via email to Kris@REEA.org. 2. If a company cancels its space less than 90 days prior to
Full Sponsorship	\$1,250	the opening date of the conference, the company will be
□ Conference Program Book	\$2,000	responsible for paying the entire booth costs and REEA
□ -Flash Drives for Conference Attendees	\$ 750	reserved the right to re-sell space/sponsorship.
Fax (520) 296-6006 or Email Your Application to Kris@REEA.org		
Payment Type: MC Uisa Check Name on Card: (please print)		
Credit Card No.:	Expiration Date:/ Security Code:	
Billing Address:	City: State: Zip:	
Phone () Authorized Signature:		
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