

# SPONSOR APPLICATION

## Exhibitor Information

The contact information listed here will be included in the onsite program book.

COMPANY \_\_\_\_\_

COMPANY CONTACT (LISTED IN THE PROGRAM) \_\_\_\_\_

TITLE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE/PROVINCE, ZIP CODE \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_

E-MAIL \_\_\_\_\_

SHOW CONTACT (FOR SHOW LOGISTICS) \_\_\_\_\_ PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

## Sponsorship Rates:

### Diamond Conference Sponsor: \$10,000

Booth Location Request:

- 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_
- Dinner and Discovery at the Florida Aquarium
  - Conference Bags
  - Conference Wi-Fi Sponsor
  - Conference Power Banks

### Platinum Conference Sponsor: \$7,500

Booth Location Request:

- 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_
- Symposium Mobile App
  - Closing Plenary Session
  - Cappuccino Bar & Lounge
  - Badge Holders
  - Opening Plenary Session
  - Awards Luncheon

### Gold Conference Sponsor \$5,500

Booth Location Request:

- 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_
- Welcome Reception
  - Registration Folders
  - Networking Luncheon
  - Hotel Room Key Cards
  - Breakfast Panel Discussion
  - Notepads

### Silver Conference Sponsor \$3,500

Booth Location Request:

- 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_
- Recycled Water Kids Art and Writing Contest
  - Continental Breakfast on Monday
  - Continental Breakfast on Tuesday
  - Networking Breaks on Monday
  - Networking Breaks on Tuesday

### Bronze Conference Sponsor \$1,500

### General Conference Sponsor \$750

## Complimentary Conference Registration(s)

Based on the type of sponsorship you choose, please complete the information for your complimentary meeting registration(s).

1. NAME \_\_\_\_\_ TITLE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE/PROVINCE, ZIP CODE \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_

E-MAIL \_\_\_\_\_

2. NAME \_\_\_\_\_ TITLE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE/PROVINCE, ZIP CODE \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_

E-MAIL \_\_\_\_\_

3. NAME \_\_\_\_\_ TITLE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE/PROVINCE, ZIP CODE \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_

E-MAIL \_\_\_\_\_

## PAYMENT

Full payment must accompany application.

### Payment method

Check  Visa  MasterCard  AMEX

Total Amount to be Charged: \$ \_\_\_\_\_

CREDIT CARD # \_\_\_\_\_

EXPIRATION DATE \_\_\_\_\_

SECURITY CODE \_\_\_\_\_

CARDHOLDER NAME \_\_\_\_\_

BILLING ADDRESS \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

Please return this form with payment to WaterReuse:  
1199 North Fairfax St., Suite 410 Alexandria, VA 22314  
Fax: (703) 548-5085