



SPONSOR Conference Registration

Organization:

Primary Contact and Representative for this Organization

First Name: Last Name:

Title:

Address:

City: State: Zip:

E-Mail:

Phone:

Cell phone (for contact during conference):

Is this your organization's first SEPA conference (circle one)?

YES

NO

Is this your organization’s first planetarium conference (circle one)? YES NO

SECTION A: SPONSOR FEES

See the sponsor information document for a full description of the sponsorship levels.

If you would like to have promotional materials included in the conference bag, there will be a nominal fee of \$25 per item type (such as a pen, show catalog, etc...). Please ensure you provide at least 150 units, not later than May 15th, 2020.

If you have chosen the Level 5/Flagship sponsorship, please circle which of the following extra benefits you would like to have:

1 Additional Registration

1 Additional 8x8 Block

15 Minutes of Dome Time

| Sponsorship | Fee | | Quantity | Amount |
|---------------------------------------|--------------------------|---------|----------|-----------|
| Sponsorship Level | 1: Pieces of Eight | \$250 | | \$ |
| | 2: Doubloon | \$500 | | |
| | 3: Indigo and Pearls | \$1,250 | | |
| | 4: Treasure Galleon | \$2,500 | | |
| | 5: Flagship | \$3,500 | | |
| Additional Booth Space in Vendor Hall | \$250 per 6x8 ft section | | | \$ |
| Additional Booth Space in Vendor Hall | \$400 per 8x8 ft section | | | \$ |
| Treasure Satchel Promotional Item | \$25/item type | | | \$ |
| Section A Subtotal | | | | \$ |

SECTION B: SPONSOR REGISTRATION

If there are free registrations included in your sponsorship level, please provide the names of those registrants below (include yourself). Note that each individual registering as part of your organization, whether included in the chosen sponsorship level or not.

| | First Name | Last Name |
|---|------------|-----------|
| 1 | | |
| 2 | | |

If you would like to register additional persons, list their names below. Each additional registrant will be subject to the full conference registration fee.

Additional Sponsor Registrations: FULL Registration

| | First Name | Last Name | Full Registration (\$175 before May 15 th /\$250 after) |
|---|--------------------------------|-----------|--|
| 1 | | | \$ |
| 2 | | | \$ |
| 3 | | | \$ |
| | Full Registration Total | | \$ |

Additional Sponsor Registrations: DAILY Registration

| | First Name | Last Name | Number Of Days | \$80/day | Daily Registration |
|---|---------------------------------|-----------|----------------|----------|--------------------|
| 1 | | | | x \$80 | \$ |
| 2 | | | | x \$80 | \$ |
| 3 | | | | x \$80 | \$ |
| | Daily Registration Total | | | | \$ |

SECTION C: Guests of Sponsors

Meals are included in full and daily registration fees. Guests of registered sponsors who wish to attend a meal may do so with a charge to cover associated costs. Guests will need to fill out a short Guest Preferences Form in order to make meal selections and note any dietary restrictions or special needs.

| Date | Meal | Number of Guests | Fee | Total |
|---------------------------------|-------------------|------------------|--------|-----------|
| Tuesday, June 4 th | Opening Reception | | x \$20 | \$ |
| Wednesday, June 5 th | Lunch | | x \$25 | \$ |
| Wednesday, June 5 th | Dinner | | x \$30 | \$ |
| Thursday, June 6 th | Lunch | | x \$25 | \$ |
| Thursday, June 6 th | Dinner | | x \$30 | \$ |
| Friday, June 7 th | Lunch | | x \$25 | \$ |
| Friday, June 7 th | Dinner (Banquet) | | x \$40 | \$ |
| Total Guest Meals | | | | \$ |

SECTION D: TOTALS

Fill in the subtotals from each preceding section and calculate the grand total for your organization.

| | | |
|--------------------|--------------------|-----------|
| Section A Subtotal | Sponsorship Levels | \$ |
| Section B Subtotal | Registrations | \$ |
| Section C Subtotal | Guest Meals | \$ |
| GRAND TOTAL | | \$ |

Mail your check payable to SEPA with completed registration form to:

Patsy Wilson, SEPA Treasurer
 140 Lyn Road
 Salisbury, NC 28147

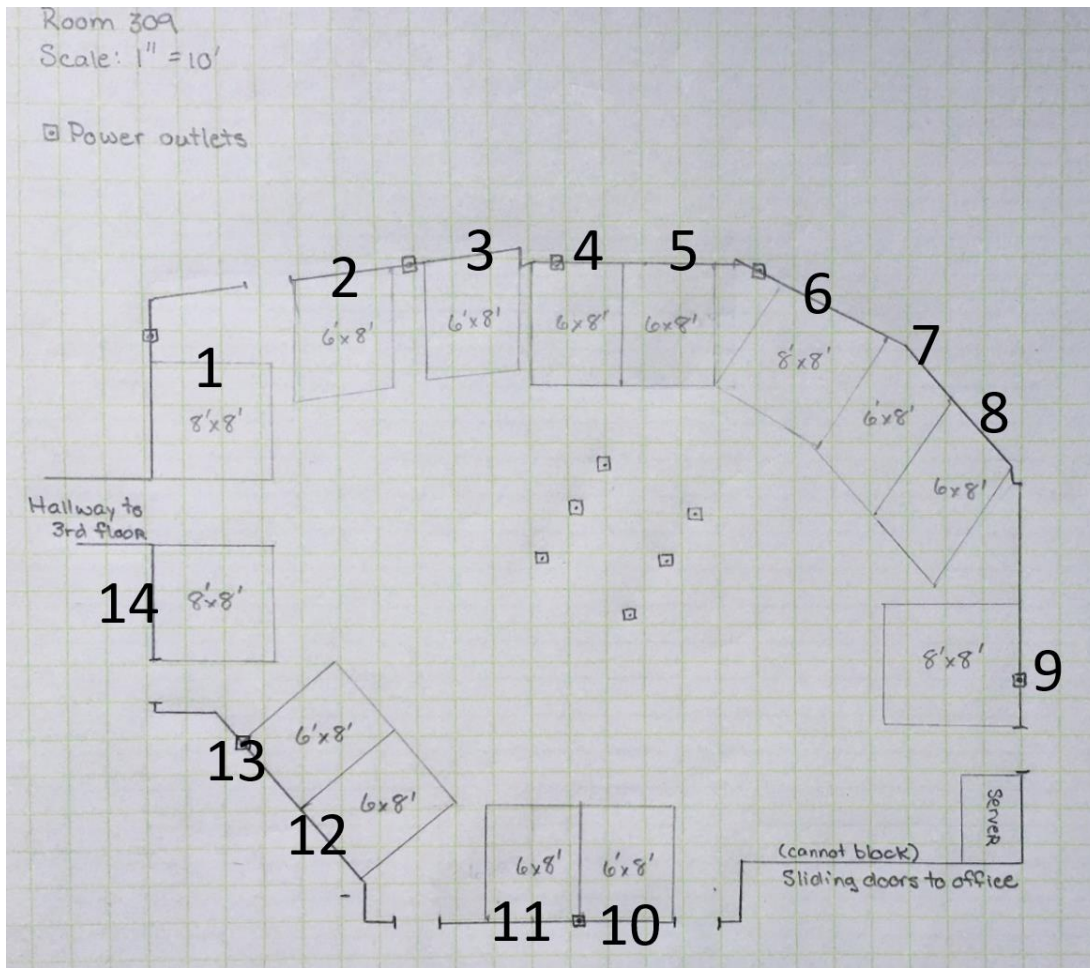
Thank you for your generous support of this conference! If you have any questions or issues, please contact the conference host:

Jon Bell, Planetarium Director
 Indian River State College Hallstrom Planetarium
 jbell@irsc.edu | (772) 462-7515

EXHIBIT HALL PREFERENCES

Using the diagram below, please indicate your top three preferred blocks of space. Note some sponsorship levels include 6x8 spots and some include 8x8 spots.

| | |
|------------------------|---------------|
| 1 st Choice | Space # _____ |
| 2 nd Choice | Space # _____ |
| 3 rd Choice | Space # _____ |



INDIVIDUAL PREFERENCES FORM for SPONSORS

Each individual registering as part of your organization will need to fill out and submit the following form. This ensures that we have basic contact info for all registrants and provides a way for every individual to select meal options and list any special considerations.

Sponsoring Organization: _____

First Name: _____ Last Name: _____

Title: _____

E-Mail: _____

Phone: _____

Will you have your own vehicle during the conference? YES NO

If so, would you be willing to assist with rides if necessary? YES NO

Do you have any other special needs or require any special accommodations? If so, please describe.

GUEST PREFERENCES FORM

If you will be attending meals as a guest, please fill out this form so that we know your meal preferences and can try to accommodate any special needs you may have.

First Name: _____ Last Name: _____

Who will you be a guest of?

First Name: _____ Last Name: _____

Do you have any other special needs or require any special accommodations? If so, please describe.

If you have any questions or concerns about such needs, please contact Jon Bell at jbelle@irsc.edu or (772) 462-7515



SECTION E: Show Dome/Performance Add-On

If you are interested in showcasing a full-dome program or planetarium-based performance, you can purchase dome time for this purpose at \$200.00 per 30 minutes of performance time. You may elect to send this as a separate transaction or include it with your sponsor registration. Our maximum available resolution for our equipment is 1600 x 1600. If your content is digital, please send video content in MP4 or MPEG format to Katherine Hunt at spacekat1220@gmail.com. Please give us a few details about your program below:

Artist, Producer, or Distributor Name

Title of Program or Performance

Brief Description of Program or Performance
