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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ***Personal Information*** | | | | | | | | | | | | | | |
| Last Name | First Name | | | | | Middle Name | | | Name on Badge | | | IAEI Member # | | |
|  |  | | | | |  | | |  | | |  | | |
| Address | | | | | | City | St | | Zip | | | Cell # | | |
|  | | | | | |  |  | |  | | |  | | |
| Email | | | | | | Current Lic. # | | | Last 4 SS# | | | Request for CEU’S | | |
|  | | | | | |  | | |  | | | YES 🞏 or NO 🞏 | | |
|  | | | | | | | | | | | | | | |
| ***Company Information*** | | | | | | | | | | | | | | |
| Company Name |  | | | | |  | | |  | | | |  | |
|  | | | | | | | | | | | | | | |
| Company Address | | | | | | City | St | | Zip | | | Telephone | | |
|  | | | | | |  |  | |  | | |  | | |
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| ***Registration Information***  *Please note: Vendor display registration does not include CEU credits or booth representative meals. You must purchase these items separately.* | | | | | | | | | | | | | | |
|  |  | | | | **Before 9/5** | | | | | **After 9/5** | | | | **Total** |
| *Continuing Education Program* | Includes CEU certificate upon program completion | | | | Member $300  Non-Member $350 | | | | | Member $350  Non-Member $400 | | | |  |
| *Vendor Display Table* | Includes one 8 foot tabletop for display purposes (no meals) Limit 40 | | | | $750 | | | | | $800 | | | |  |
| *Additional Guests* | *(ie. Vendor Representatives, Companions, and Other Guests)*  Includes admittance for one person over 12 years of age to Sunday night Social, Tuesday night Banquet, and Companion Hotel Events. Provide name(s) as should appear on badge. | | | | $100 | | | | | $125 | | | |  |
| **Name(s):** | | | | | | | | | | | | |
| *Companion Tour* | Includes admittance for one Monday | | | | $50 | | | | | $75 | | | |
| *Program Advertisement* | Includes advertisement space only, no ad work will be provided.  **Sale ends August 31**  Submit ad work to [rashmore@shelbyal.com](mailto:rashmore@shelbyal.com)  in PDF format by September 1 | | | | Inside front cover  Outside back cover  Inside back cover  Inside facing back cover  Full page  Half page  One quarter page  Business card | | | | | $1500  $1000  $750  $500  $250  $150  $100  $50 | | | |  |
| *Sponsorship* | Each sponsorship opportunity includes program book recognition. In the space provided below, please indicate the name exactly as it should appear in the booklet before August 31.  \* Includes one complimentary education program registration. | | | | \* Diamond  \* Platinum  Gold  Silver  Bronze  Other | | | | | \* $1000  \* $500  $300  $200  $100  Please specify | | | |  |
| **Name of Sponsor as it should appear in program booklet and CEU attendee:** | | | | | | | | | | | | |
| *Donation* |  | | | | | | | | | | | | |  |
| ***TOTAL DUE*** | | | | | | | | | | | | | |  |
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| ***Payment Information***  *Make checks payable to IAEI and forward to the contact below. Contributions to the organization are not deductible for federal income tax purposes as charitable contributions. 80% refund available if received by September 5.* | | | | | | | | | | | | | | |
| Credit Card Type | | | | | | | | | | | Expiration Date mm/yy | | | |
| 🗌 Visa 🗌 Master Card 🗌 AmEx 🗌 Diners Club 🗌 Check Enclosed | | | | | | | | | | |  | | | |
| Name on Card | | | | Card # | | | | | | | | | | |
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| Billing Address | | City | | St | | | | Zip | | | Telephone | | | |
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| ***Lodging Information*** *$189/night* | | | | | | | | | | | | | | |
| Hilton Daytona Beach Oceanfront Resort  100 North Atlantic Avenue  Daytona Beach, FL 32118 | | | | https://www.hilton.com/en/attend-my-event/dabdhhf-iaei25-22817d9d-2ff0-4028-8820-b947901c9cb/ | | | | | | | | | | |
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| ***Airport Information*** | | | | ***Ground Transportation Information*** | | | | | | | | | | |
| DAB - Daytona Beach International Airport - 5 miles  serviced by American, Avelo, Breeze, and Delta | | | | Alamo, Avis, Budget, Dollar, Enterprise, Hertz, and National | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| ***Contact Information*** | | | | | | | | | | | | | | |
| Southern Section Meeting  1123 County Services Drive  Pelham, AL 35124 | | | Ken Masters  205-966-5981  [kmasters@shelbyal.com](mailto:kmasters@shelbyal.com) | | | | | Regina Ashmore  205-620-6633  [rashmore@shelbyal.com](mailto:rashmore@shelbyal.com) | | | | | | |