

Diversity 2006 Conference

THE CASE FOR DIVERSITY – IT'S EVERYBODY'S BUSINESS

Exhibitor/Sponsor Application & Contract

PRESENTED BY WORKFORCE DIVERSITY NETWORK

MAY 22-24, 2006

ROCHESTER RIVERSIDE CONVENTION CENTER, ROCHESTER, NEW YORK

EXHIBITOR/SPONSOR INFORMATION

Name _____
Title _____
Company Name _____
Address _____
City _____
State _____ Zip Code _____
Country _____
Telephone _____ Fax _____
Email _____
Web site _____

SPONSORSHIP OPTIONS

Please check your choice of sponsorship level:

- Principal (*one only – no longer available*) \$25,000
 Leadership \$10,000
 Supporting \$5,000
 Sponsor \$2,500
 Non-Profit \$1,500
 Continental Breakfast Sponsor (*all 3 days*) \$5,000
 Continental Breakfast Sponsor (*any 1 day*) \$2,000
 Networking Lunch Sponsor (*May 22*) \$3,500
 Networking Lunch Sponsor (*May 23*) \$3,500
 Evening Networking Event and Reception (*May 22*) *varies by event*
 Evening Networking Event and Reception (*May 23*) *varies by event*
 Beverage Station Sponsor (*all 3 days*) \$5,000
 Beverage Station Sponsor (*any 1 day*) \$2,000
 Email Station – Hi Speed Internet (*all 3 days*) \$5,000
 Tote Bag Insert* (*per piece*) \$500

Authorized Signature _____
Title _____ Date _____

**An official Diversity 2006 Conference Tote Bag is provided to each conference attendee. Materials included for inserting must be provided by your company or organization.*

SEND APPLICATION TO

Barbara Cutrona, Workforce Diversity Network
150 State Street, Rochester, NY 14614

SIGN UP TODAY!

ONLINE: Easy online registration at
www.workforcediversitynetwork.com

MAIL: Mail completed form
with payment to:
Workforce Diversity Network
150 State Street, Rochester, NY 14614

FAX: Fax your registration to:
Barbara Cutrona, 585-224-2728

PAYMENT

A 50% deposit of sponsorship and/or exhibit space cost is due with your application. The balance is due on or before May 8, 2006. Deposits and any payments made after April 17 are non-refundable.

\$ _____ My check is enclosed payable to:
Workforce Diversity Network

Charge to: MasterCard Visa American Express

Account Number _____ Exp. Date _____

Amount \$ _____

Name as it appears on card _____

Signature _____

EXHIBITOR

- _____ Number of 8' x 10' Booths @\$1,000 each
All 3 days, 1/4 page ad in Official Program, your logo and link to your Web site on WDN Conference Web site.
- _____ Number of 8' x 10' Booths @\$900 each
All 3 days, your logo and link to your Web site on WDN Conference Web site.
- _____ Number of 8' x 10' Booths @\$450 each
Monday, May 22 only.
- _____ Number of 8' x 10' Booths @\$450 each
Tuesday, May 23 only.
- _____ Number of 8' x 10' Booths @\$450 each
Wednesday, May 24 only.

\$ _____ Total

Please review Exhibitor Rules and Regulations, which can be found at
www.workforcediversitynetwork.com/

Please note special needs or preferences: _____

Booth assignments will be made on a first-come, first-served basis. Exhibitor contact: Please indicate name and contact information for person responsible for exhibitor arrangements.

Name _____
Title _____
Telephone _____ Fax _____
Email _____

QUESTIONS OR MORE INFORMATION

Contact: Barbara Cutrona, bcutrona@workforcediversitynetwork.com
T: 585-224-2727, F: 585-224-2728

CONFERENCE SCHEDULE AND INFORMATION

Please see our Web site, www.workforcediversitynetwork.com/.