



**DELAWARE**  
ASSOCIATION OF INSURANCE  
AGENTS & BROKERS

*Driving members to distinction.*

# ANNUAL CONVENTION ♦ JUNE 7-9, 2011

## DELAWARE ASSOCIATION OF INSURANCE AGENTS & BROKERS

### SPONSOR REGISTRATION FORM

We are pleased to support the DAIAB Convention in the following manner:

**Convention Sponsorship Level** **Commitment**

**Elite Sponsor** \$3,500  
Recognition as convention & special event sponsor, promotion at all DAIAB events throughout the year, company name recognition in all convention materials, media presentation and signage, premium exhibit location at Wednesday reception, one company sponsored golf hole, two complimentary passes for golf tournament, welcome reception, CSR Appreciation & Awards luncheon, one complimentary pass for each scheduled day trip, sponsorship of & reserved seating at table w/company name/logo during CSR & Awards luncheon.

**Selected Special Event:** (Choose only 1 – if event has been selected you will be notified about other options)

- Golf Tournament  Wednesday Welcome Reception  
 Education Day  Executive Leadership Program

**Platinum Sponsor** \$2,500  
Recognition as convention sponsor, company name recognition in all convention materials, media presentations and signage, exhibit space at Wednesday reception, company logo displayed on convention bags given to all attendees, one company sponsored golf hole, two complimentary passes for the welcome reception, one complimentary pass for the golf tournament & CSR Appreciation & Awards luncheon, sponsorship of & reserved seating at table w/ company name/logo during CSR & Awards luncheon.

**Gold Sponsor** \$1,250  
Recognition as convention sponsor, company name recognition in all convention materials, media presentations and signage, exhibit space at Wednesday reception, recognition as breakfast & break sponsor, one company sponsored golf hole at golf tournament, one complimentary pass for the welcome reception & CSR Appreciation & Awards luncheon, sponsorship of & reserved seating at table w/ company name/logo during CSR & Awards luncheon.

**Exhibitor** \$750  
Company name listed in convention materials, media presentations and signage, exhibit space at Wednesday reception, one complimentary pass for the welcome reception and CSR Appreciation & Awards luncheon, and sponsorship of & reserved seating at table w/company name/logo during CSR & Awards luncheon.

**Exhibit space is complimentary with all sponsorships. Space is limited and exhibiting is at the discretion of each sponsor. Please indicate below your intent to exhibit.**

- Yes, our company will have an exhibit at the convention.  
 No, our company will **not** have an exhibit at the convention.

**Additional Sponsorship Opportunities**

**Golf Hole Sponsorship: Company name listed at designated golf hole. \$100 per hole**

- Yes, our company would like to have \_\_\_\_\_ golf hole(s) at the tournament.

\*Elite through Gold levels include golf hole sponsorship. Additional holes can be purchased as package add-ons.

*Sponsorships may be deductible as ordinary business expenses; however, they may not be considered as charitable contributions.*

Company Name: \_\_\_\_\_  
(As it should appear on publications)

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip+4 \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ E-mail: \_\_\_\_\_

**Hotel Information:** To reserve sleeping room(s), contact **The Atlantic Sands Hotel & Conference Center** at (800) 422-0600 or visit atlanticsandshotel.com.

Group rate reservation deadline: **May 9, 2011**

**Convention Questions:** Contact the Delaware Association of Insurance Agents & Brokers  
**Phone:** (800) 998-9644 **E-mail:** iab@iabgroup.com **Web site:** iabgroup.com

**Payment Enclosed:**

Sponsor Level \_\_\_\_\_ \$ \_\_\_\_\_

Golf Hole(s) \_\_\_\_\_ \$ \_\_\_\_\_

**Total** \$ \_\_\_\_\_

**Method of Payment:**

- Check enclosed payable to **DAIAB**. *Returned checks may be assessed a \$20 fee.*  
 Charge to my  Personal or  Corporate credit card.  
 Visa  MasterCard  Am. Exp.

Credit Card # \_\_\_\_\_ / \_\_\_\_\_  
Exp. Date

\_\_\_\_\_  
Name of Cardholder (PRINT)

X \_\_\_\_\_  
Signature of Cardholder

<p><b>Mail to:</b> Delaware Association of Insurance Agents &amp; Brokers PO Box 2023 Mechanicsburg PA 17055-0763</p>	<p>IA&amp;B Office Use: _____ Date Rcvd _____ Date Ent _____ Amt. \$ _____ Code _____ Check # _____ P A</p>
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