



**TPI 2019 International Education Conference  
EXHIBIT & SPONSORSHIP CONTRACT**  
February 18-20, 2019 • Charlotte, NC

\_\_\_\_\_  
 First Name Last Name

\_\_\_\_\_  
 Company

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 City State/Region Zip/Postal Code Country

\_\_\_\_\_  
 Phone Email

**HOTEL EXHIBIT BOOTH**  
 Tuesday, February 19 & Wednesday, February 20  
 Westin Charlotte

Hotel Exhibit Booth Options	Member	Non-Member
8' x 10' Booth at Hotel Only	<input type="checkbox"/> \$1,150	<input type="checkbox"/> \$2,400
Additional Booth	<input type="checkbox"/> \$950	<input type="checkbox"/> \$2,100
Please see hotel exhibit booth diagram and list your 1st, 2nd, 3rd and 4th choices. Locations cannot be guaranteed. ____ 1st ____ 2nd ____ 3rd ____ 4th		
Do not locate near (company names) _____		
<b>SUB-TOTAL</b>		<b>\$</b>

CONFERENCE SPONSORSHIP OPPORTUNITIES
<input type="checkbox"/> Exhibit Hall Passport to Prizes - \$300
<input type="checkbox"/> Bronze - \$750
<b>Silver</b>
<input type="checkbox"/> Badge Holder - \$1,500
<input type="checkbox"/> Breakout Session - \$2,000
<input type="checkbox"/> Window Clings - \$2,500 (2 available)
<input type="checkbox"/> Directional Floor Clings - \$2,500
<input type="checkbox"/> Elevator Clings - \$3,000 (2 available)
<input type="checkbox"/> Hotel Key Cards - \$3,500
<b>Gold</b>
<input type="checkbox"/> President's Welcome Reception - \$4,000
<input type="checkbox"/> Keynote Speaker - \$4,500
<input type="checkbox"/> Networking Lunch on Tuesday - \$5,000
<input type="checkbox"/> Drink Ticket Sponsor for Tuesday Evening Bar Service in Exhibit Hall - \$5,000
<input type="checkbox"/> Inspirational Breakfast on Wednesday - \$5,000
<input type="checkbox"/> Conference Bags - \$5,000
<input type="checkbox"/> Stay Connected - Conference Center Wi-Fi - \$6,000
<input type="checkbox"/> Escalator Wraps - \$7,000
<b>SUB-TOTAL</b>
<b>\$</b>

<b>PAYMENT INFORMATION</b>	<b>TOTAL AMOUNT</b>
	<b>\$</b>

**Check enclosed** (Send to: Turfgrass Producers International, 444 E. Roosevelt Rd, Suite 346, Lombard, IL 60148 USA)  **Charge my credit card and mail or fax to 847-649-5678 for processing**

Name as it appears on Card: \_\_\_\_\_

Billing Address (if different than above): \_\_\_\_\_

Credit Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Security Code - CCV#: \_\_\_\_\_ Total Amount Charged: \$ \_\_\_\_\_

Signature: \_\_\_\_\_

<b>For TPI Only:</b>	Date Received: _____	Insurance: _____	Initials: _____
	Payment Received: _____	Payment amount: _____	TPI-HT 2019 - EXH.CONTRACT