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| **Primary Contact Information** | | | |  |
| Company/Organization: | E-mail address: | | |  | |
| Title / Contact: | Phone Contact: | | |
| Complete Street  Address or PO Box: | | | |
| Please provide a brief description of your business/organization: | | |  |
| **Sponsorship Level** (Select One) | | | |
| **Platinum Level - Full Price $5,500** | | | |
| **Gold Level - Full Price $3,500** | | | |
| **Silver Level - Full Price $2,500** | | | |
| **Bronze Level** - **Full Price $1,500** | | | |
| **Shared Booth Option (1 person)** - **Full Price $750** | | | |
| **Total Cost - Sponsorship** | | $ | |
|  | | | |

**Company / Organization Logo Requirements:** Providing a Single-color logo helps us market your organization to our members via our social media platforms.

* + - * Please submit your logo in vector format, saved as either PDF, .eps. or .ai file type and email to [**symposium@sahrma.org**](file:///C:\Users\SAHRMA\Documents\STXHRS\2022%20STXHRS\symposium@sahrma.org)

**Silent Auction and Door Prize Donations**

Companies and organizations can market themselves to conference attendees by submitting items for our Silent Auction benefiting the SHRM Foundation or by donating Door Prizes for our Closing Session. All donated items will include donor information unless a donor wishes to remain anonymous. If you wish to donate to our auction, please contact: [**symposium@sahrma.org**](about:blank) Arrangements can be made to pick up donations.

**Booth Assignments**

Booth assignments are based on sponsorship level and payment date. Booth assignments will be made at the discretion of the Symposium Chair. **We encourage all Exhibitors to have an engaging activity to attract attendees to your booth.**

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| **Company Representatives**  Print name as you wish it to appear on the event name badge. Please contact Registration Chair if substitutions are required. | | **All sponsor levels include two Reps.** | Additional Company Representatives for Gold, Silver and Bronze level is $50.  Print name as you wish it to appear on the event name badge. | | | Additional Rep at $50 Each |
| 1. | |  | 3. | | |  |
| 2. | |  | 4. | | |  |
| For Gold, Silver and Bronze level there is a **$50 fee** for each additional representative over two. Each representative receives two meal tickets. It does not include access to educational sessions. | | Total cost for additional reps  (Enter Amount) | | | | $ |
| **Booth Upgrade Options** | | | | | | |
| **Corner Prime Booth Location** (incl. w/platinum) Available to ALL Exhibitors on 1st Come, 1st Serve Basis | | | | | * **$250.00** | |
| **Total** | | | | | **$** | |
| **Payment Calculation & Information – Please enter amounts as applicable** | | | | | | |
| **Total for Sponsorship** | | | **$ .00** | | | |
| **Additional Representatives** | | | **$ .00** | | | |
| **Booth Upgrade** | | | **$ .00** | | | |
| **Total Due:** | | | | **$ .00** | | |

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| Payment Method - $500 payment due at the time of application. Remaining balance due 30 days after. NOTE: Other payment arrangements require the authorization of the Sponsorship or Symposium Chair and must be paid in full no later than January 10th. All payments must be submitted in U.S. funds. A company check must be submitted for all amounts over $5,000. No refunds will be made for cancellations. | | | |
| AMEX MC Visa Check (Payable to SAHRMA) Company PO # | | | |
| Cardholder Name: | Card Expiration: | | Amount: .00 |
| Card Number: | | Digit security code (on back of card): | |
| Card Zip Code: | | | |

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| By checking this box and signing this application I acknowledge that   * I have read and agree to abide by the Operational Policies of Norris Conference Center. * I agree to adhere to the deadline schedule(s) furnished by event organizers. * I understand that I will be notified via email of my booth(s) location and be added to mobile application no later than 1 week prior to event.   I agree that SAHRMA may use information submitted in this application in promotional and informational materials for the event. | |
| Printed Name: | Signature: |
| Title: | Date: |
| If applicable, Please return this application with payment to:  SAHRMA – South Texas HR Symposium  PO Box 690248  San Antonio, TX 78269-0248 | SAHRMA Contact Information:  Office: 210-797-5850  [Treasurer@sahrma.org](about:blank) or  [Symposium@sahrma.org](about:blank) |