

PACIFIC NORTHWEST
ANIMAL NUTRITION
CONFERENCE



2021 PNWANC

Sponsorship Form

Please return the completed form to
Brittany Morstatter
email: BrittanyM@assochq.org fax: 217-398-4119

SPONSORSHIP LEVELS

		Logo on Webpage	Recognition in Program	Signage at the event	Complimentary Registration	8 x 8 Booth at main entrance
<input checked="" type="checkbox"/> \$1,500	Coffee Break Sponsor (2)	✘	✘	4	1	✘
<input type="checkbox"/> \$1,000	GOLD Sponsor	✘	✘	3	1	
<input type="checkbox"/> \$500	SILVER Sponsor	✘	✘	1		
<input type="checkbox"/> \$250	BRONZE Sponsor	✘	✘			
<input type="checkbox"/> \$250 - \$500	General Sponsor / Poster Sponsor / Student Scholarship Sponsor <i>Available from \$250-\$500, Student sponsorship will be recognized during the student award presentations and in the conference program. Logo will be placed on webpage.</i>					
<input type="checkbox"/> \$250 - \$1,500	Speaker Sponsor <i>Includes recognition during the speaker's presentation, logo on webpage, and in the conference program. All costs and fees associated with the speaker's travel and misc. expenses will be billed directly to the sponsor.</i>					

Organization Information

Organization Name _____

Parent Company, if applicable _____

Org. Mailing Address _____

City, State, Zip _____

URL _____

Organization Phone _____ Fax _____

Organization Primary Contact Information

Name _____

Job Title _____

Mailing Address _____

City, State, Zip _____

Phone _____ Ext. _____

Fax _____

Email _____

Auto Copy Email to: _____



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Sponsorship Complimentary Registration Form

Please return the completed form to
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email: BrittanyM@assochq.org fax: 217-398-4119

**Sponsors at the COFFEE BREAK and GOLD levels receive
one (1) complimentary event registration.**

Please complete and return this form with the Sponsorship Form.

Complimentary Registration

Name _____

Preferred Name on Badge _____

Job Title _____

Mailing Address _____

City, State, Zip _____

Phone _____ Ext. _____

Fax _____

Email _____

Emergency Contact Name _____

Emergency Contact Phone _____

First time attendee

Dietary Needs Vegan Kosher Other

Vegetarian Gluten Free

Pescatarian Lactose Intolerant

No Beef No Pork

ADA Access Hearing Impaired Vision Impaired Wheelchair Required