## **SPONSOR APPLICATION**

Platinum Plus Sponsor (\$12,500): - \$3,500 deposit due immediately to reserve booth. Balance due, in full, by April 15, 2016.  Platinum Sponsor (\$7,500): - \$2,500 deposit due immediately to reserve booth. Balance due, in full, by April 15, 2016.  Gold Sponsor (\$5,000): - Full payment due immediately to reserve booth.  Silver Sponsor (\$2,500): - Full payment due immediate to reserve booth.  Silver Sponsor (\$2,500): - Full payment due immediate to reserve booth.  1. Exhibitor Information: This information will be used when mailing & shipping all exhibitor materials.  Company Name  Telephone  Address (If FO Box, please provide shipping address also)  Fax  City, State, Zip  Website  2. Contact Information: The official contact will receive all sponsor materials and post conference attendee liss  Official Contact  Email  3. Product or Service: Please select a category for the type of product(s) or service(s) to be exhibited.  Auto Transport  Capital – Lines of Credit  Dealer Management Software  Capital – Lines of Credit  Dealer Education  Dealer Management Software  Reinsurance/ Insurance  Reinsurance/ Insurance  Reinsurance/ Insurance  Raid Management  Raid Management  Reinsurance/ Insurance  Raid Management  Reinsurance/ Insurance  Raid Management  Reinsurance/ Insurance  Raid Management  Reinsurance/ Insurance  Reinsur	$\begin{array}{c} \textbf{Sponsor for t} \\ W\epsilon \end{array}$	t <b>he 18<sup>th</sup> Annual</b> e understand and a	BHPH National Conference – acknowledge that exhibit space is limited	Please make sponsor payments P ed to one company per exhibit booth (no	ROMPTLY! Thank you! o booth sharing).
- \$2,500 deposit due immediately to reserve booth. Balance due, in full, by April 15, 2016.  Gold Sponsor (\$5,000):  - Full payment due immediately to reserve booth.  Silver Sponsor (\$2,500):  - Full payment due immediate to reserve booth.  1. Exhibitor Information: This information will be used when mailing & shipping all exhibitor materials.  Company Name  Address (If PO Box, please provide shipping address also)  Fux  City, State, Zip  Website  2. Contact Information: The official contact will receive all sponsor materials and post conference attendee list  Official Contact  Email  3. Product or Service: Please select a category for the type of product(s) or service(s) to be exhibited.  - Advertising / Marketing				oth. Balance due, in full, by April 1	15, 2016.
- Full payment due immediately to reserve booth.  Silver Sponsor (\$2,500): - Full payment due immediate to reserve booth.  1. Exhibitor Information: This information will be used when mailing & shipping all exhibitor materials.  Company Name  Address (If PO Box, please provide shipping address also)  Fax  City, State, Zip  Website  2. Contact Information: The official contact will receive all sponsor materials and post conference attendee lists  Official Contact  Telephone (If different from above.)  Email  3. Product or Service: Please select a category for the type of product(s) or service(s) to be exhibited.  Advertising / Marketing Attorney / Legal Auto Transport Collection Training Dealer Education Dealer Management Software Reinsurance / Insurance Reinsurance / Insurance Tax Preparation Trade Publication Training Twenty Groups Vehicle Remarket Warranty / Service Contract Other (please specify)  4. Directory Information: This information will be printed in the conference workbook given to all attendees.  Company Name Telephone  Address Fax  City, State, Zip Website		Platinum Spo	onsor (\$7,500):		
- Full payment due immediate to reserve booth.  1. Exhibitor Information: This information will be used when mailing & shipping all exhibitor materials.    Company Name		-		th.	
Company Name  Address (If PO Box, please provide shipping address also)  Fax  City, State, Zip  Website  2. Contact Information: The official contact will receive all sponsor materials and post conference attendee list  Official Contact  Email  3. Product or Service: Please select a category for the type of product(s) or service(s) to be exhibited.  Advertising / Marketing   Attorney / Legal   Auto Transport   Capital - Floor Please of Credit   Capital - Notes   Certified Public Accountants   Collection Training   Dealer Education   Dealer Management Software   Rey Systems   Lead Management   Training   Twenty Groups   Vehicle Remarket   Warranty / Service Contract   Other (please specify)  4. Directory Information: This information will be printed in the conference workbook given to all attendees.  Company Name   Telephone    Address   Fax   Website				ı.	
Address (If PO Box, please provide shipping address also)  Fax  City, State, Zip  Website  2. Contact Information: The official contact will receive all sponsor materials and post conference attendee list  Official Contact  Email  3. Product or Service: Please select a category for the type of product(s) or service(s) to be exhibited.  Advertising / Marketing	1. Exhibitor In	formation: <u>T</u>	his information will be used wh	hen mailing & shipping all exhi	bitor materials.
City, State, Zip  Website  2. Contact Information: The official contact will receive all sponsor materials and post conference attendee list  Official Contact  Telephone (If different from above.)  Email  3. Product or Service: Please select a category for the type of product(s) or service(s) to be exhibited.  Advertising / Marketing	Company Name			Telephone	
2. Contact Information: The official contact will receive all sponsor materials and post conference attendee list    Official Contact	Address (If PO Box, please provide shipping address also)			Fax	
Official Contact  Email  3. Product or Service: Please select a category for the type of product(s) or service(s) to be exhibited.    Advertising / Marketing	City, State, Zip			Website	
Email  3. Product or Service: Please select a category for the type of product(s) or service(s) to be exhibited.    Advertising / Marketing	2. Contact Info	rmation: <u>The</u>	official contact will receive all	sponsor materials and post con	ference attendee listings.
3. Product or Service: Please select a category for the type of product(s) or service(s) to be exhibited.    Advertising / Marketing	Official Contact			Telephone (If different from above.)	
□ Advertising / Marketing       □ Attorney / Legal       □ Auto Transport       □ Capital – Floor Pl         □ Capital – Lines of Credit       □ Capital – Notes       □ Certified Public Accountants       □ Collection Trainin         □ Dealer Education       □ Dealer Management Software       □ Key Systems       □ Lead Management         □ Payment Devices / GPS       □ Recoveries       □ Reinsurance / Insurance       □ Tax Preparation         □ Trade Publication       □ Training       □ Twenty Groups       □ Vehicle Remarket         □ Warranty / Service Contract       □ Other (please specify)       □ This information will be printed in the conference workbook given to all attendees.         Company Name       Telephone         Address       Fax         City, State, Zip       Website	Email				
□ Capital – Lines of Credit       □ Capital – Notes       □ Certified Public Accountants       □ Collection Training         □ Dealer Education       □ Dealer Management Software       □ Key Systems       □ Lead Management         □ Payment Devices / GPS       □ Recoveries       □ Reinsurance / Insurance       □ Tax Preparation         □ Trade Publication       □ Training       □ Twenty Groups       □ Vehicle Remarket         □ Warranty / Service Contract       □ Other (please specify)       □ This information will be printed in the conference workbook given to all attendees.         Company Name       Telephone         Address       Fax         City, State, Zip       Website	3. Product or S	Service: Pleas	e select a category for the type	of product(s) or service(s) to be	exhibited.
□ Dealer Education       □ Dealer Management Software       □ Key Systems       □ Lead Management Software         □ Payment Devices / GPS       □ Recoveries       □ Reinsurance / Insurance       □ Tax Preparation         □ Trade Publication       □ Training       □ Twenty Groups       □ Vehicle Remarket         □ Warranty / Service Contract       □ Other (please specify)       □ This information will be printed in the conference workbook given to all attendees.         Company Name       Telephone         Address       Fax         City, State, Zip       Website				-	☐ Capital – Floor Plans
□ Payment Devices / GPS □ Recoveries □ Trade Publication □ Training □ Warranty / Service Contract □ Other (please specify) □ Company Name □ Telephone □ Tax Preparation □ Twenty Groups □ Vehicle Remarket □ Other (please specify) □ This information will be printed in the conference workbook given to all attendees. □ Tax Preparation □ T	-		•		· ·
□ Trade Publication □ Training □ Twenty Groups □ Vehicle Remarket □ Warranty / Service Contract □ Other (please specify) □ Vehicle Remarket □ Other (please specify) □ Oth				• •	
□ Warranty / Service Contract □ Other (please specify)  4. Directory Information: This information will be printed in the conference workbook given to all attendees.  Company Name Telephone  Address Fax  City, State, Zip Website	_				-
4. Directory Information: This information will be printed in the conference workbook given to all attendees.  Company Name  Telephone  Fax  City, State, Zip  Website			_	☐ Twenty Groups	☐ Vehicle Remarketing
Company Name  Telephone  Fax  City, State, Zip  Website	☐ Warranty / Ser	vice Contract	☐ Other (please specify)		
Address Fax City, State, Zip Website	4. Directory In	formation: <u>7</u>	his information will be printed	l in the conference workbook gi	ven to all attendees.
City, State, Zip Website	Company Name			Telephone	
	Address			Fax	
5. Signature	City, State, Zip			Website	
	5. Signature				

Print Name & Title

Signature