



# Sponsorship & Exhibitor Application

## 2021 Intercompany Long-Term Care Insurance Conference

### 1. COMPANY INFORMATION

**Official Company Listing Info** - For use in mobile app listing and exhibitor/sponsor directory.

\_\_\_\_\_  
Company Name

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

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State ZIP Code

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Email

\_\_\_\_\_  
Company Website

\_\_\_\_\_  
Company LinkedIn

\_\_\_\_\_  
Company Twitter

**Conference Coordinator** - This person will receive all exhibitor/sponsor/registration related information and communications.

Check here if this will be the same person as the Official Company contact listed to the left.

\_\_\_\_\_  
Coordinator Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State ZIP Code

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Email

**Were you referred to our conference by someone?** If so, please let us know their name, company, and contact info so we can send them a thank you:

\_\_\_\_\_  
\_\_\_\_\_

### 2. SPONSORSHIP & EXHIBITOR OPTIONS

	Description	Pricing
\$ _____	Conference Sponsor	\$5,000
\$ _____	Track Sponsor	\$3,000
\$ _____	Session Sponsor	\$1,000
\$ _____	Exhibitor	\$800
\$ _____	TOTAL	

### 3. PAYMENT INFORMATION

Please complete the information below and e-mail all pages to: [Christi@iltconf.org](mailto:Christi@iltconf.org)

**QUESTIONS: (856) 308-0611**

VISA    MASTERCARD    AMERICAN EXPRESS

Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_ 3-4 Digit Code \_\_\_\_\_

Billing Address \_\_\_\_\_  
\_\_\_\_\_

Name on Card \_\_\_\_\_

Signature \_\_\_\_\_

If you need to **pay by check** and require an invoice please fill out and submit this form to [Christi@iltconf.org](mailto:Christi@iltconf.org) and note in your email that check payment instructions are requested.