

INPRO 2010 ATTENDEE REGISTRATION FORM
35th Annual Indian Progress in Business Awards Event
October 21, 2010 ♦ Hard Rock Hotel & Casino ♦ Albuquerque, NM

ORGANIZATION INFORMATION:

Contact Person: _____ Phone: _____ Email: _____

Company/Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Website: _____

Product/Service (50 word max): _____

ATTENDEE INFORMATION: Note: Please submit a separate form for each additional attendee.

First Name _____ Last Name _____ Email _____

Title _____ Tribal Affiliation _____

Phone _____ Fax _____ Cell _____

First Name _____ Last Name _____ Email _____

Title _____ Tribal Affiliation _____

Phone _____ Fax _____ Cell _____

American Indian Business Opportunity Fair	American Indian	MBE/Corporate/ Government	Qty	Total Cost
Exhibit booth – includes (2) exhibitors, (1) 6 ft table, (2) chairs, wastebasket	\$99	\$149		
Additional Exhibitor	\$69	\$69		
Walk Thru Admission only	\$25	\$25		
40 Under 40 Reception / INPRO Awards Banquet Sponsorship	American Indian	MBE/Corporate/ Government	Qty	
PLATINUM CIRCLE includes: premium table of ten with signage at banquet, premium table in the opportunity fair, listing as a sponsor on press releases, program, website and video marquee; verbal recognition at podium; full page ad in event program	\$7000	\$7000		
GOLD CIRCLE includes: table of ten with signage at banquet, table in the opportunity fair, listing as a sponsor on press releases, program, website and video marquee; verbal recognition at podium; half page ad in event program	\$5,500	\$5,500		
SILVER CIRCLE includes: table of ten with signage at banquet, table in the opportunity fair, listing as a sponsor on press releases, program, website and video marquee; verbal recognition at podium; quarter page ad in event program	\$4,500	\$4,500		
INDIVIDUAL SEAT includes admission to the Opportunity Fair, Reception and INPRO 2010 Awards Banquet	\$199	\$400		
Total Due				

PAYMENT METHOD: ATTENDANCE WILL BE CONFIRMED WHEN FULL PAYMENT IS RECEIVED.

Check # Money Order (payable to NCAIED)

Charge to: American Express Diners Club Master Card Visa

Credit Card number: _____ Exp. Date: _____

Cardholder (print): _____ Signature: _____

Questions: (800) 462-2433 ext. 243; email: events@ncaied.org; website: www.ncaied.org
 NCAIED is a non-profit 501(c)(3) organization

For Admin Use Only:

ID Code:	Date Entered:	Confirmed:	Processed by:
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