

# The Arc of Illinois

## 2024 Annual Convention

### Sponsor and Exhibitor's Registration Form

**In-Person Wednesday, May 1st, 8:00 a.m. - 5:00 p.m.  
and Thursday, May 2nd, 8:00 a.m. - 4:00 p.m.**

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|--|------------|--|----------|
| <input type="checkbox"/> VIP Sponsor                           | \$5,000.00 | <input type="checkbox"/> Inclusion Sponsor       | \$500.00 |
| <input type="checkbox"/> Keynote Sponsor                       | \$2,000.00 | <input type="checkbox"/> Exhibitor Fee           | \$350.00 |
| <input type="checkbox"/> Champion Sponsor                      | \$1,000.00 | <input type="checkbox"/> Family Group Exhibitor  | \$200.00 |
| <input type="checkbox"/> Media Sponsor                         | \$750.00   | <input type="checkbox"/> Self-Advocate Exhibitor | \$75.00  |
| <input type="checkbox"/> Materials Placed in Participant's Bag |            |  | \$100.00 |

**Contact Information as it should appear in the Program Book and Online Exhibitor Hall:**

Business or Agency: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Email: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Web Address: \_\_\_\_\_

**Sponsor/Exhibitor Contact Information:**

Name: \_\_\_\_\_  
 Email: \_\_\_\_\_ Phone: \_\_\_\_\_

| Method of Payment                         |
|---|
| <input type="checkbox"/> Check Enclosed   |
| <input type="checkbox"/> Fax & Mail Check |
| <input type="checkbox"/> Credit Card      |

Credit Card # \_\_\_\_\_  
 Exp. Date \_\_\_\_\_ CVV Code \_\_\_\_\_ Billing Zip Code \_\_\_\_\_  
 Signature \_\_\_\_\_

Please provide a brief description of your Exhibit for the Program Book and Microsite.

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**Mail the registration form and check to: The Arc of Illinois  
 9980 190th St., Suite C, Mokena, IL 60448  
 Fax to 815-464-5292 Email to [Becca@thearcofil.org](mailto:Becca@thearcofil.org)**