

26th Annual Snow Roadeo

Sponsorship Registration Form

Contact Person: _____ Title: _____
 Company: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Telephone: _____ Fax: _____
 Email (required): _____

Please Indicate what your company will sponsor:

Event	Available Sponsorships	Fee
_____ Golf Sponsor	2	\$5,000.00
_____ Silver Sponsor	2	\$2,500.00
_____ 2017 Snow Roadeo Commemorative Hats	1	\$1,500.00
_____ Friday Awards Luncheon/Presentation	2	\$1,000.00
_____ Friday Breakfast	2	\$500.00

All sponsors will be recognized with:

*A banner with company name and logo
 Naming you as event sponsor

*Company name and logo in the
 Snow Roadeo Program

Payment Type: Check _____ Credit Card _____ Total Amount Due \$ _____
 Visa _____ MasterCard _____ Discover _____ American Express _____ Card Number: _____
 Exp. Date: _____ CVC # (3 Digits): _____
 Address: _____
 City/State/ZIP: _____
 Authorized Signature: _____

**Send your completed form to APWA IL Chapter Snow Roadeo, 7150 North University, Peoria, IL 61614 or by fax at 309-693-3465.
 Payment may be made with MasterCard/Visa, or by check made payable to the APWA IL Chapter Snow Roadeo c/o R&B Productions.
 If you have any questions, please call Aaron Caho at 309-693-9667, ext. 15 or by email at aaronc@rbpro1.com.**

26th Annual Snow Roadeo

Exhibit Space Registration Form

Contact Person: _____ Title: _____
Company: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Fax: _____
Email (required): _____

Booth Fees include: One (1) Table, Two (2) Chairs, One (1) Waste Basket, Two (2) Lunch Tickets & Two (2) Commemorative Hats

- **10 x 10 Booth Space Request: \$325.00** _____ Size of Booths Requested
- **10x 20 Booth Space Request: \$400.00** _____ Total Booth Cost
- **10 x 30 Booth Space Request: \$475.00**
- **10 x 40 Booth Space Request: \$550.00** _____ Total Amount Enclosed

Payment Type: Check _____ Credit Card _____ Total Amount Due \$ _____
Visa _____ MasterCard _____ Discover _____ MasterCard _____ Card Number: _____
Exp. Date: _____ CVC # (3 Digits): _____
Address: _____
City/State/ZIP: _____
Authorized Signature: _____

Send your completed form to APWA IL Chapter Snow Roadeo, 7150 North University, Peoria, IL 61614 or by fax at 309-693-3465.
Payment may be made with MasterCard/Visa, or by check made payable to the APWA IL Chapter Snow Roadeo c/o R&B Productions.
If you have any questions, please call Aaron Caho at 309-693-9667, ext. 15 or by email at aaronc@rbpro1.com.