



South Carolina Transportation Partnering Conference
December 2-5, 2007

Sponsor Registration Form

Company/Organization Name:
Mailing Address:
City: State: Zip:
Contact Person:
Contact Telephone: Contact Fax:
Contact E-mail:

Types of Sponsorship

Table with 2 columns: Level of Sponsor (\$500, \$1,000, \$2,000) and Conference Provides (complimentary table, chairs, listing, and registrations).

Please check the level of Sponsorship desired: \$500; \$1,000; \$2,000

Will you require exhibit space? Yes No Will you be hosting a hospitality room? Yes No

Names for complimentary conference registration (1 for \$1,000 Sponsorship; 2 for \$2,000 Sponsorship):

The undersigned agrees to abide by the Terms and Conditions set forth in the contract between Exhibitor and SPATS.

Signature: Title: Date:

Please return this completed sponsor registration form with a check made payable to the SC Transportation Partnering Conference before October 8, 2007. Please mail form/check to: SPATS, ATTN: Lisa Bollinger, 366 North Church Street, Suite 700, Spartanburg, SC 29303.

For SPATS Use Only:

Date Received: Date Confirmed: Check No.: Receipt No.: