**Symposium or Event Sponsor Application**

<table>
<thead>
<tr>
<th>Symposium Sponsorship</th>
<th>Cost</th>
<th>Indicate intent to sponsor</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>Platinum</td>
<td>$20,000</td>
<td>Yes</td>
<td>$</td>
</tr>
<tr>
<td>Gold</td>
<td>$15,000</td>
<td>Yes</td>
<td>$</td>
</tr>
<tr>
<td>Silver</td>
<td>$10,000</td>
<td>Yes</td>
<td>$</td>
</tr>
</tbody>
</table>

Would you like to set up a complimentary booth or exhibit? [ ] Yes (no additional fee)

**Note:** Symposium Sponsorship includes two full conference registrations. Be sure to give us contact information on both representatives if you would like more than one to attend.

<table>
<thead>
<tr>
<th>Event Sponsorship</th>
<th>Cost</th>
<th>Number available</th>
<th>Indicate intent to sponsor and # of available events covered</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Welcome Reception</td>
<td>$5,000</td>
<td>1</td>
<td>[ ] Yes</td>
<td>$</td>
</tr>
<tr>
<td>Keynote/Plenary Session</td>
<td>$6,500</td>
<td>3</td>
<td>[ ] Yes Number _________</td>
<td>$</td>
</tr>
<tr>
<td>Continental Breakfasts</td>
<td>$4,500</td>
<td>2</td>
<td>[ ] Yes Number _________</td>
<td>$</td>
</tr>
<tr>
<td>Networking Luncheon</td>
<td>$8,000</td>
<td>1</td>
<td>[ ] Yes</td>
<td>$</td>
</tr>
<tr>
<td>Poster Session</td>
<td>$3,000</td>
<td>1</td>
<td>[ ] Yes</td>
<td>$</td>
</tr>
<tr>
<td>Coffee Breaks</td>
<td>$3,500</td>
<td>4</td>
<td>[ ] Yes Number _________</td>
<td>$</td>
</tr>
<tr>
<td>Tuesday Evening Event</td>
<td>$7,000</td>
<td>1</td>
<td>[ ] Yes</td>
<td>$</td>
</tr>
<tr>
<td>Best Practice Award</td>
<td>$4,000</td>
<td>1</td>
<td>[ ] Yes</td>
<td>$</td>
</tr>
</tbody>
</table>

**Optional Add-ons for Event Sponsors**

Would you like to add an optional Exhibitor’s booth? [ ] Yes Add $800

Would you like to add a second conference registration for an additional organizational representative? (Note: Event sponsorship includes one registration) [ ] Yes Add $398

**SPACE CONFIRMATION:** Upon receipt of both the completed application and payment made to C-IDEA, confirmation of the sponsorship will be sent. Priority will be given to long-term exhibitors and sponsors.

**PAYMENT TERMS:** A $500 U.S. deposit must accompany this application. Payment of the balance is due no later than August 1, 2008. Notice of cancellation must be received in writing to the CSRDE Office by August 1, 2008 in order to receive a refund of the initial deposit, less a $200 processing fee. No refunds will be granted after August 1, 2008 unless all sponsorships have been committed and all canceled sponsorships have new sponsors. If all sponsorships are committed, a 50 percent refund of the sponsorship will be provided.

**Organization:** __________________________________________________________

**SPONSOR ACCEPTANCE:** I, the duly authorized representative of the above organization, on behalf of said organization, subscribe and agree to all the terms and conditions contained in this contract.

Sponsor/Representative Name: _____________________________________________

Signature: ___________________________ Date: ___________________________
Organizational Representatives

Please provide the names of organizational representatives that will attend the conference.

Organization: _________________________________________________________________________
Website: _________________________________________________________________________

Do you intend to send representatives to the conference?  ☐ Yes  ☐ No
If Yes, please provide their names below.

Are you interested in presenting a case study?  ☐ Yes  ☐ No
If Yes, please complete the Exhibitor/Sponsor Case Study Proposal Application

Representative 1:
Conference fees for this individual are included in symposium or event sponsorship.

Mr., Ms., Mrs., Dr.: ________________________________________________________________
First Name: _________________________________________________________________
Last Name: _________________________________________________________________
Title: _________________________________________________________________
Name on Badge: ________________________________________________________________
Address: _________________________________________________________________
City: _________________________________________________________________
State/Province: _________________________________________________________________
Zip/Postal Code: _________________________________________________________________
Phone: _________________________________________________________________
Fax: _________________________________________________________________
E-mail: _________________________________________________________________
Vegetarian Lunch? ☐ Yes  ☐ No

Representative 2
Conference fees for this individual are included in symposium sponsorship only. Event sponsors may add additional representatives with paid registration fee.

Mr., Ms., Mrs., Dr.: ________________________________________________________________
First Name: _________________________________________________________________
Last Name: _________________________________________________________________
Title: _________________________________________________________________
Name on Badge: ________________________________________________________________
Address: _________________________________________________________________
City: _________________________________________________________________
State/Province: _________________________________________________________________
Zip/Postal Code: _________________________________________________________________
Phone: _________________________________________________________________
Fax: _________________________________________________________________
E-mail: _________________________________________________________________
Vegetarian Lunch? ☐ Yes  ☐ No

Please be sure to Fax (405-325-7164) or Mail the following information to the address on the Sponsorship Payment Form

☐ The completed Sponsor Application (page 1)
☐ Organizational Representative Form (page 2. Submit even if no one is attending)
☐ Payment form with your payment (page 3)
☐ (Optional) Exhibitor/Sponsor Case Study Proposal Form (pages 4 and 5)
**SPONSORSHIP PAYMENT FORM**

September 29-October 1, 2008  Little Rock, Arkansas

(Please type or print clearly)

**Contact Name:**

**Name of Organization:**

**Contact Phone:**

**Contact Email:**

**Sponsorship Fees:**

<table>
<thead>
<tr>
<th>Symposium Sponsorship: Platinum-$20,000; Gold-$15,000; Silver-$10,000</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Event Sponsorship:</strong> See Sponsor Application for fee</td>
<td>$</td>
</tr>
<tr>
<td>Name of Event(s) to be sponsored:</td>
<td>$</td>
</tr>
<tr>
<td><strong>Add an additional Sponsor Representative:</strong> $398/ additional representative</td>
<td>Indicate # of additional representatives:</td>
</tr>
<tr>
<td><strong>Optional Exhibit Booth Fee:</strong> $800/booth</td>
<td>Indicate # of Booths:</td>
</tr>
<tr>
<td><strong>All Applications must be accompanied by a $500 minimum deposit</strong></td>
<td>Amount Paid:</td>
</tr>
<tr>
<td><strong>Balance is due in Full by August 1, 2008</strong></td>
<td>Balance Due:</td>
</tr>
</tbody>
</table>

**Select Payment Option:**

- [ ] Check  
  Payable to: The University of Oklahoma, C-IDEA  
  Federal ID #: 73-6017987
  
  Mail to: The University of Oklahoma  
  Attn: C-IDEA  
  1700 Asp Avenue, Room B1  
  Norman, OK 73072-6400

- [ ] Credit Card Call-In  
  Call toll free: 800-522-0772, ext. 1229

- [ ] Fax Credit Card  
  Fax to: 405-325-7164

  Card Type: [ ] Visa  [ ] MasterCard  [ ] Discover  [ ] American Express

  Credit Card Number: Expiration Date:

  Cardholder Name: Signature:

Please be sure to Fax (405-325-7164) or Mail (see address in payment box above):

- [ ] The completed Sponsor Application (page 1)
- [ ] Organizational Representative Form (page 2. Submit even if no one is attending)
- [ ] Payment form with your payment (page 3)
- [ ] (Optional) Exhibitor/Sponsor Case Study Proposal Form (pages 4 and 5)
Exhibitors and Sponsors are invited to propose a case study (white paper) which if approved will be published in the official Conference Proceedings and will be presented during a 50 minute session during the conference. White papers will go through the same review process as other conference papers. Acceptance is at the discretion of the conference organizers and only papers approved by the Conference Committee will be published and presented. If interested, please use this form to submit a proposal for consideration. Once approved you will be asked to take the next step and submit the white paper itself for review. Only reviewed and accepted papers may be presented at the symposium.

We know our audience very well and we want your presentation to be very successful. Our audience will be expecting a presentation with an educational, rather than promotional focus. Case studies that clearly identify the problem, discuss the interventions or solutions applied, and measure the success of the interventions will be well received. Please submit this form along with the Sponsor Application and Payment Form.

Name of Organization: ______________________________________________________________

Session Title: ______________________________________________________________________

Description (in 200 words or less):

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
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____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Provide Presenter Information on next page
Case Study Authors/Presenters

The following individuals will be identified as the authors of the case study.

Note: Each Conference Presenter must be registered for the conference. Exhibitors wishing to present must upgrade their badges to include full conference registration. Event and Symposium Sponsorships include one or two full conference registrations, respectively.

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