



# THE NATIONAL SYMPOSIUM ON STUDENT RETENTION

Sponsored by the Consortium for Student Retention Data Exchange at the University of Oklahoma

**September 29-October 1, 2008**

Little Rock, Arkansas

## Symposium or Event Sponsor Application

Symposium Sponsorship	Cost	Indicate intent to sponsor	Amount Due
Platinum	\$20,000	<input type="checkbox"/> Yes	\$
Gold	\$15,000	<input type="checkbox"/> Yes	\$
Silver	\$10,000	<input type="checkbox"/> Yes	\$
Would you like to set up a complimentary booth or exhibit?		<input type="checkbox"/> Yes (no additional fee)	
<b>Note:</b> 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.			

Event Sponsorship	Cost	Number available	Indicate intent to sponsor and # of available events covered	Amount
Welcome Reception	\$5,000	1	<input type="checkbox"/> Yes	\$
Keynote/Plenary Session	\$6,500	3	<input type="checkbox"/> Yes Number _____	\$
Continental Breakfasts	\$4,500	2	<input type="checkbox"/> Yes Number _____	\$
Networking Luncheon	\$8,000	1	<input type="checkbox"/> Yes	\$
Poster Session	\$3,000	1	<input type="checkbox"/> Yes	\$
Coffee Breaks	\$3,500	4	<input type="checkbox"/> Yes Number _____	\$
Tuesday Evening Event	\$7,000	1	<input type="checkbox"/> Yes	\$
Best Practice Award	\$4,000	1	<input type="checkbox"/> Yes	\$
<b>Optional Add-ons for Event Sponsors</b>				\$
Would you like to add an optional Exhibitor's booth? <input type="checkbox"/> Yes Add \$800				
Would you like to add a second conference registration for an additional organizational representative? (Note: Event sponsorship includes one registration) <input type="checkbox"/> 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?**

### 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?**

**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)



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## SPONSORSHIP PAYMENT FORM

September 29-October 1, 2008 Little Rock, Arkansas

(Please type or print clearly)

**Contact Name:** \_\_\_\_\_ **Contact Phone:** \_\_\_\_\_  
**Name of Organization:** \_\_\_\_\_ **Contact Email:** \_\_\_\_\_

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

### Select Payment Option:

<input type="checkbox"/> <b>Check</b>	<b>Payable to:</b> The University of Oklahoma, C-IDEA	<b>Federal ID #:</b> 73-6017987
	<b>Mail to:</b> The University of Oklahoma Attn: C-IDEA 1700 Asp Avenue, Room B1 Norman, OK 73072-6400	
<input type="checkbox"/> <b>Credit Card Call-In</b>	<b>Call toll free:</b> 800-522-0772, ext. 1229	
<input type="checkbox"/> <b>Fax Credit Card</b>	<b>Fax to:</b> 405-325-7164	
<b>Card Type:</b>	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> American Express	
<b>Credit Card Number:</b>		<b>Expiration Date:</b>
<b>Cardholder Name:</b>		<b>Signature:</b>

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

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Little Rock, Arkansas

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## 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.

### Author/Presenter 1

Organization:  
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?


### Author/Presenter 2

Organization:  
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?


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