

# Sponsor/Advertising Application

**Deadline for submission: September 1, 2010**

**Sponsor Options – please check all that apply**

- |   |   |
|---|---|
| <input type="checkbox"/> Conference Tote Bag .....\$7,500         | <input type="checkbox"/> Gold Member and Friends Luncheon .....\$5,000  |
| <input type="checkbox"/> Conference Program Printing .....\$7,500 | <input type="checkbox"/> Individual Workshop .....\$1,000               |
| <input type="checkbox"/> Track/Session* .....\$5,000              | <input type="checkbox"/> Conference Scholarship Fund** .....\$250/\$500 |
- \*Please designate Track/Session \_\_\_\_\_
- \*\*Please designate fund \_\_\_\_\_

**Advertising Options – please check all that apply**

|  | Non-members | Agency Member |
|--|-------------|---------------|
| <input type="checkbox"/> Full-Size, Full-Color Tabs .....    | \$1,250     | \$1,125       |
| <input type="checkbox"/> Inside Back Cover, Full-color ..... | \$1,000     | \$900         |
| <input type="checkbox"/> Full-Page .....                     | \$750       | \$675         |
| <input type="checkbox"/> Half-Page .....                     | \$500       | \$450         |
| <input type="checkbox"/> Quarter-Page .....                  | \$350       | \$315         |
| <input type="checkbox"/> Tote Bag Insertion .....            | \$1,000     | \$900         |
| <input type="checkbox"/> Exhibitor Package .....             | \$250       | \$225         |
| Total Enclosed .....   | \$ _____    |               |

**Sponsor/Advertiser Information**

Organization name \_\_\_\_\_

Contact person \_\_\_\_\_

Street address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 ( ) ( )

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Website \_\_\_\_\_ E-mail \_\_\_\_\_

If you are an Agency Member, include your Agency Membership # \_\_\_\_\_  
 (Membership # is located on the address label of your most recent issue of our agency newsletter, *The Beacon*.)

**Payment Information**

Check # \_\_\_\_\_ Money Order # \_\_\_\_\_ Purchase Order # \_\_\_\_\_

Credit card  Visa  MasterCard  American Express  Discover Expiration Date \_\_\_\_\_

Card number \_\_\_\_\_ Name on card \_\_\_\_\_

Signature (required for credit card) \_\_\_\_\_

Consistent with Autism New Jersey's Position Statement on Treatment Recommendations, the agency will not accept advertisers or sponsors who promote Auditory Integration Training and other types of listening programs, Facilitated Communication, Psychoanalysis, Secretin and any other intervention the agency deems unacceptable. Visit [www.autismnj.org](http://www.autismnj.org) for Autism New Jersey's Position Statement on Treatment Recommendations.

Printed name of primary representative \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Return Application**

Mail completed form with payment (credit card, money order or check made payable to Autism New Jersey) PO Box 55120, Trenton, NJ 08638 , Attn: Conference Sponsor/Ad.