



CHRISTIAN COUNSELING PROFESSIONALS OF CHICAGOLAND

Co-Sponsorship and Exhibitor Form

(due by 03/15/14 for name inclusion in publicity/registration brochure)

The Many Faces of Forgiveness

Date: Tuesday, April 29, 2014, 8:00 a.m. – 3:00 p.m.

Location: Wheaton Bible Church, West Chicago, Illinois

Please select the level of sponsorship you wish to have. We appreciate your generosity in this choice, as it helps defray the actual cost of this Conference.

Platinum \$1,000 Listing of organizational name on the CCPC website, the publicity/registration brochure, and the conference agenda as a Platinum Co-Sponsor, company or organization logo on all signage as well as receiving three complimentary registrations and a full exhibit table

Gold \$500 Listing on the CCPC website, the publicity/registration brochure, and the conference agenda as a Gold co-sponsor as well as a full exhibit table and two complimentary registrations

Silver \$250 Listing on the CCPC website, the publicity/registration brochure, and the conference agenda as a Silver co-sponsor, half of an exhibit table, and two complimentary registrations

Exhibitor \$100 Half of an exhibit table and one complimentary registration

(OVER)

CCPC CONFERENCE 4/29/2014

The Many Faces of Forgiveness
Co-Sponsorship and Exhibitor Form

Your name: _____

Your phone number: _____

Your fax #: _____

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The name of your organization: _____

Your mailing address, city, zip: _____

The name of our organization as you would like it to be listed:

Please send a copy of your organization's logo for publications: JPEG File

Sponsorship Level: __Platinum(\$1,000) __Gold(\$500) __Silver(\$250) __Exhibitor (\$100)

The amount enclosed (if mailing check): _____

Please make the check payable to: Meier Clinics Foundation, CCPC Conference
2100 Manchester Road, Suite 1510
Wheaton, IL 60187
Attention: Jordan Christner

Credit Card #: _____

Card-Holder Name: _____

Address Used For CC: _____

Zip Code: _____ CVV Code: _____ Expiration Date: _____

Card Type (Circle One): MasterCard Visa American Express Discover

Please fax completed forms (with CC info) to: 630-344-1087

If you have any questions, please contact by e-mail: jchristner@meierclinics.com

Thank you!