



AMERICAN PLANNING ASSOCIATION
CALIFORNIA CHAPTER

Authorization to Charge Credit Card for 2017 Conference Sponsorship

I authorize the *California Chapter, American Planning Association* and its agents to charge to my credit card the following:
(Please PRINT and complete all information requested.)

Visa or MasterCard – **Check One:** Visa ____ MasterCard ____ Amount: _____

Credit Card Number: _____

Expiration Date: _____ (DD/YY) CVC _____ (3 digit # on back of card)

Payment for: Select Package, Booth Only, Event Sponsor Only or Advertising category below.

Exhibit Booth & Event Sponsorship Packages		
Conference Lanyards	SOLD OUT	
Conference Bags	\$8,000	<input type="checkbox"/>
Opening Reception	\$6,000	<input type="checkbox"/>
Keynote Luncheon	SOLD OUT	
Awards Luncheon	SOLD OUT	
CPF Auction	\$3,000	<input type="checkbox"/>
Mobile Application	\$3,000	<input type="checkbox"/>
Student Awards Luncheon	\$2,500	<input type="checkbox"/>
Continental Breakfast	SOLD OUT	<input type="checkbox"/>
Closing Plenary Session	SOLD OUT	<input type="checkbox"/>

Event Sponsors Only		
Student Orientation/Walking Tour	\$2,000	<input type="checkbox"/>
Specific Event Sponsorship: <i>Opening Reception, Opening Keynote Luncheon</i> Event:	\$1,500	<input type="checkbox"/>
Specific Event Sponsorship: <i>Awards Luncheon, CPF Auction, Closing Plenary Session:</i> Event:	\$1,000	<input type="checkbox"/>
Specific Event Sponsorship: <i>Student Awards Luncheon, YPG Mixer</i> Event:	\$1,000	<input type="checkbox"/>
Mobile Workshop	\$1,000	<input type="checkbox"/>
Afternoon Break	\$1,000	<input type="checkbox"/>
Diversity Summit	\$750	<input type="checkbox"/>

Advertising		
Conference Pen	SOLD OUT	<input type="checkbox"/>
Mobile Application	\$500	<input type="checkbox"/>
Program	\$250 - \$1,500	<input type="checkbox"/>
Other: Customizable	Variable	<input type="checkbox"/>

Public Agency	\$1,000	<input type="checkbox"/>
Non-Profit Organization	\$500	<input type="checkbox"/>

Mail payment to: APA California Conference, c/o ATEGO Resources, PO Box 1733, Elk Grove, CA 95759. Fax payment to: 916.896.1918.

Cardholder Name: _____

Company (if company card): _____

Billing Address: _____
(Address must match that of the credit card billing address.)

City, State, ZIP Code: _____
(Zip-Code must be included.)

Telephone Number: _____ e-Mail: _____

Signature of Cardholder

Date