



American Society of Access Professionals

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**SPONSOR APPLICATION – Due with payment by August 26, 2022**

**Event:** ASAP FOIA-Privacy Act Workshop  
**Date:** September 7-9, 2022  
**Place:** InterContinental Hotel at the Plaza – Kansas City, Missouri

**SPECIAL NOTICE:** Travel and convening have inherent risks of being infected with communicable diseases. All participants agree to release and hold harmless the American Society of Access Professionals (ASAP) and its representatives from and against any claims, losses or damages arising from my contracting or spreading any communicable disease in connection with travel to or participating in ASAP events. By virtue of this registration, you agree to follow all applicable laws and any procedures and protocols announced by ASAP.

<i>Sponsorship Level (US dollars - please check one)</i>			
<input type="checkbox"/>	<i>Platinum</i>	<i>\$3,000</i>	<i>(1-4 representatives)</i>
<input type="checkbox"/>	<i>Gold</i>	<i>\$2,000</i>	<i>(1-3 representatives)</i>
<input type="checkbox"/>	<i>Silver</i>	<i>\$1,000</i>	<i>(1-2 representatives)</i>

Designate Official Representative(s).

- 1) \_\_\_\_\_ Email: \_\_\_\_\_
- 2) \_\_\_\_\_ Email: \_\_\_\_\_
- 3) \_\_\_\_\_ Email: \_\_\_\_\_
- 4) \_\_\_\_\_ Email: \_\_\_\_\_

Company: \_\_\_\_\_

Hyperlink for Website: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip+4: \_\_\_\_\_

Tele: \_\_\_\_\_ Fax: \_\_\_\_\_

Applications received on or before **AUGUST 26** will be assigned based upon sponsorship level and first come, first serve basis. After AUGUST 19, tables will be assigned based upon availability. All efforts will be made to accommodate selections, however ASAP has the right to assign space if your choices are not available.

***Please attach a Product/Service Description in MS Word format.***

*ASAP is a collegial society. In the spirit of education, it is assumed that all sponsor materials will be presented in a positive light and focus on the specific services to the benefit of ASAP members and the access community. ASAP reserves the right to remove materials it deems inappropriate. ASAP does not endorse products or services.*

***Authorization and Payment – All Fields Required***

Signature: _____		
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Credit Card No.: (last four digits) _____	Exp. Date: _____	CVV: _____
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*Return Application by August 26, 2022 to:*

*American Society of Access Professionals  
ATTN: Sponsorship  
1120 20<sup>th</sup> St., NW, Suite 750  
Washington, D.C. 20036-3441  
[asap@accesspro.org](mailto:asap@accesspro.org)*

*ASAP Internal Use Only:*

*Received Date and Time: \_\_\_\_\_ Level: \_\_\_\_\_ Assigned #: \_\_\_\_\_*