



American Society of Access Professionals

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SPONSOR APPLICATION – Due with payment by **May 31, 2023**

Event: ASAP 16th Annual National Training Conference
Date: June 27-29, 2023
Place: Hilton New Orleans Riverside, New Orleans, Louisiana

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>\$3,500</i>	<i>(1-4 representatives)</i>
<input type="checkbox"/>	<i>Gold</i>	<i>\$2,250</i>	<i>(1-3 representatives)</i>
<input type="checkbox"/>	<i>Silver</i>	<i>\$1,100</i>	<i>(1-2 representatives)</i>

Designate Official Representative(s).

1) _____ Email: _____
2) _____ Email: _____
3) _____ Email: _____
4) _____ Email: _____

Company: _____

Hyperlink for Website: (or provide QR code) _____

Address: _____

City: _____ State: _____ Zip+4: _____

Tele: _____ Fax: _____

Applications received on or before **May 31** will be assigned based upon sponsorship level and first come, first serve basis. After June 15, 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: _____

Print Name: _____ Date: _____

Cardholder Tel.: _____

Cardholder E-mail: _____ Auth. Amount: _____

Check Enclosed: _____ Check No.: _____

Return Application by May 31, 2023 to:

American Society of Access Professionals
ATTN: Sponsorship
1120 20th St., NW, Suite 750
Washington, D.C. 20036-3441
asap@accesspro.org

ASAP Internal Use Only:

Received Date and Time: _____ *Level:* _____ *Assigned #:* _____