



**Changing the Game: Testing the Boundaries of Distance Education**  
**2014 Florida Distance Learning Association Annual Conference**

Sept. 29-30, 2014 | Embassy Suites Hotel and Conference Center | Lake Buena Vista, FL

# Sponsorship Form

Business Name \_\_\_\_\_

Contact Person \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Office Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_ Website URL \_\_\_\_\_

Our organization would like to commit to the following sponsorship opportunity:

| <b>SPONSOR LEVEL</b>   | <b>Amount Sponsored</b> |
|--|-------------------------|
| ___ Grand Sponsor - \$7,500  | \$ _____                |
| ___ Wifi Access Sponsor - \$5,000  | \$ _____                |
| ___ Reception Sponsor - \$4,000  | \$ _____                |
| ___ Luncheon Sponsor - \$3,000   | \$ _____                |
| ___ Bag Sponsor - \$3,000  | \$ _____                |
| ___ Lanyard and Name Badge Sponsor - \$3,000                                 | \$ _____                |
| ___ Refreshment Sponsor - \$2,000  | \$ _____                |
| ___ Vendor Table + Partner Presentation - \$2,000                            | \$ _____                |
| ___ Vendor Table - \$1,000   | \$ _____                |
| ___ Full Page Color Program Ad - \$1,500                                     | \$ _____                |
| ___ Half Page Color Program Ad - \$750                                       | \$ _____                |
| ___ Business Card (B&W) Program Ad - \$250                                   | \$ _____                |
| ___ Collateral Distribution - \$750  | \$ _____                |
| ___ Additional Vendor Representative      QTY: _____ @ \$150 each =          | \$ _____                |
| ___ Additional Sponsor Representative      QTY: _____ @ \$125 each =         | \$ _____                |
| ___ Additional Attendee (Single Day)      QTY: _____ @ \$75 each =           | \$ _____                |
| ___ I am unable to attend, but would like to support FDLA with a donation of | \$ _____                |
| <b>Total Commitment</b>  | <b>\$ _____</b>         |

Full payment and sponsorship form is due to activate sponsorship benefits, unless approved in advance. Benefits for each level of contribution are contingent on sponsors supplying the required documents to the conference program coordinator no later than August 15, 2014 or an agreed upon date. Please contact Crystal Howard at [choward@flvs.net](mailto:choward@flvs.net) (407) 529-6971 .

\*Note breakout session must be preapproved.



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### 2014 Florida Distance Learning Association Annual Conference

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# Sponsorship Form

Additional Attendee Information:

Attendee #1:

|                |  |
|----------------|--|
| First Name:    |  |
| Last Name:     |  |
| Title:         |  |
| Email Address: |  |

Attendee #2:

|                |  |
|----------------|--|
| First Name:    |  |
| Last Name:     |  |
| Title:         |  |
| Email Address: |  |

Attendee #3:

|                |  |
|----------------|--|
| First Name:    |  |
| Last Name:     |  |
| Title:         |  |
| Email Address: |  |

Attendee #4:

|                |  |
|----------------|--|
| First Name:    |  |
| Last Name:     |  |
| Title:         |  |
| Email Address: |  |

Attendee #5:

|                |  |
|----------------|--|
| First Name:    |  |
| Last Name:     |  |
| Title:         |  |
| Email Address: |  |

Thanks for your support in making this a great event!

For an invoice, please fax your completed form to **954-262-3988**. Please make check payable to **Florida Distance Learning Association** and send along with completed form to:

**c/o Nova Southeastern University  
FSE-NIEO Attn: Dr. Judith Stein  
1750 NE 167<sup>th</sup> Street, Tech Building 333  
North Miami Beach, Florida 33162**

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