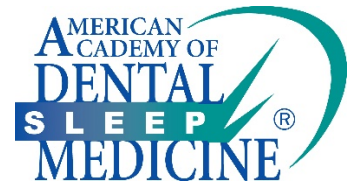


# Application to Host an Industry Product Theater



THE AADSM MUST RECEIVE THIS APPLICATION, FULLY COMPLETED,  
BY FEBRUARY 28, 2020.

Please attach the following to this application:

- List of event speakers and contact information
- Event outline and schedule
- Content Description

## EVENT INFORMATION

Name of Event:		
Name of Company(s) Hosting Event:		
Friday, May 29, 2020	Start Time: 12:30pm	End Time: 1:30pm
Saturday, May 20, 2020	Start Time: 12:30pm	End Time: 1:30pm

## LOGISTICAL PLANNING

Please provide a description of the event:

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## ON-SITE CONTACT INFORMATION

Primary Contact Person:	
Telephone:	Email:

My signature below verifies that I have read and understand the conditions of this application, as well as the conditions and regulations published in the "IPT Guidelines" in the Sponsorship Guide. By signing below, I am indicating my company's agreement to be bound by any and all such conditions and regulations. I accept responsibility for informing all of our employee(s), speaker(s), supporter(s), and event organizers of these conditions and for ensuring that they will abide by them also. I further understand the penalties, which may be assessed if we are in violation of these conditions. I also understand the cancellation policy for canceling our event.

Signature: <i>(Authorized Company Representative)</i>	Date:
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## PAYMENT INFORMATION:

Please charge me the non-refundable application fee of \$5,000		
<b>AADSM Annual Sponsor Discount</b> <i>(Platinum: 30%, Gold: 25%, Silver: 20%)</i>		
<b>GRAND TOTAL:</b>		
<b>Select payment method:</b>		
Personal Check or Money Order*		
Credit Card: (Check One)	Visa	American Express      MasterCard      Discover
Card Number:	Exp. Date:	Validation Code:**
Name on Card:	Signature:	
<small>* Checks and international money orders should be made payable to the AADSM. Checks will not be accepted unless they are made in U.S. funds drawn on a U.S. bank.</small>		
<small>** For VISA, MasterCard, or Discover, the validation code is the last three digits in the signature box. For an American Express, the validation code is the four numbers above the credit card number.</small>		

**PLEASE SUBMIT  
THIS FORM TO:**

AADSM  
Attn: Rose Zuniga  
1001 Warrenville Rd., Suite 175  
Lisle, IL 60532

**Phone:** (630) 686-1470  
**Fax:** (630) 686-9876  
**Email:** rzuniga@aadsm.org