

Please check the conference(s) and sponsorship level in which you would like to participate:

- 2009 Spring Conference** March 29-31, 2009 * Hilton Harrisburg
 2009 Annual Conference August 9-12, 2009 * Seven Springs Resort
 2009 Fall Conference November 22-24, 2009 * The Hotel Hershey



Platinum Sponsor (\$5,000)

Platinum sponsors are entitled to two free individual conference registrations (or one exhibit booth space at the Annual Conference if space is available at the time this contract is received). Please send the name and title of the intended participants as well as your organization logo, 1/2-page black-and-white advertisement and company description (100 words or less) to CCAP immediately.

Gold Sponsor (\$2,500)

Gold sponsors are entitled to one free conference registration. Please send the name and title of the intended participant as well as your organization logo to CCAP immediately.

Silver Sponsor (\$1,000)

Please send your organization logo to CCAP immediately.

Bronze Sponsor (\$500)

My organization hereby agrees to sponsor the CCAP Internet Café at the conference(s) as marked above for the indicated amount. You can expect an electronic confirmation of sponsorship immediately following receipt of your sponsorship contract at CCAP. Should you not receive a confirmation, please contact CCAP immediately to ensure that your contract has been received and processed. **All sponsorship contracts must be received twenty (20) business days prior to the start date of the conference. Should my organization be unable to fulfill its sponsorship contract, a written notice of cancellation must be received by CCAP twenty (20) business days prior to the start date of the conference to be released from this contract.** Cancellations received less than twenty (20) business days prior to the start date of the conference will be subject to an administrative fee of 20% of the sponsorship value.

COMPANY NAME: _____

* Please complete information as you would like it to appear in the conference program.

COMPANY ADDRESS: _____

CITY, STATE, ZIP: _____ WEBSITE: _____

CONTACT NAME: _____

CONTACT PHONE: _____ CONTACT EMAIL: _____

DATE: _____

(Authorized Signature)

Payment Information: Check Enclosed (payable to CCAP) Invoice Requested

VISA MASTERCARD Expiration Date _____

Number _____ Zip Code of Billing Address _____

Signature _____

**Return to: Mandi Glantz, Director of Member & Vendor Relations
CCAP, PO Box 60769, Harrisburg, PA 17106-0769**

or

FAX: (717) 526-1020