

PREMIERE

- Yes, I/We would like to become a Premiere Sponsor \$5,000**
Your name will be listed in all printed materials, you will get a full page advertisement in the Conference Program Guide (7 1/2" x 10", non-bleed), ten (10) full day conference passes, recognition at the lunch program, and reserved lunch table.

BENEFACTOR

- Yes, I/We would like to become a Benefactor Sponsor \$3,000**
Your name will be listed in all printed materials, you will get a 1/2 page advertisement in the Conference Program Guide (7 1/2" x 4 3/4", non-bleed), five (5) full day conference passes and reserved lunch table.

PATRON

- Yes, I/We would like to become a Patron Sponsor \$1,000**
Your name will be listed in all printed materials and you will receive four (4) full day conference passes.

SPONSOR

- Yes, I/We would like to become a Sponsor \$500**
Your name will be listed in all printed materials and you will receive two (2) full day conference passes.

Name _____

Organization/Agency _____

Mailing Address _____

City/State/Zip _____

E-mail _____

Phone _____ Fax _____

Enclosed is my tax deductible check (to the extent the law allows) made payable to ICAN Associates, in the amount of \$ _____.

Upon receipt of your check, the ICAN Office will contact you with further details.



MAIL YOUR TAX-DEDUCTIBLE CHECK TO:

ICAN ASSOCIATES
4024 N. Durfee Avenue
El Monte, CA 91732
(626) 455-4587 (office) • (626) 444-4851 (fax)

