Deadline to Submit Form: Monday, 1)15	
Company Name:			
Contact Name:		Booth Number:	
Address:			
City:	State:	Zip Code:	
Phone: Fax:	E	E-Mail:	
Fax or email to Gaye Hudson at (703) 243-2589 or ghudson	n@ausa.org		
Please select from the following sponsorship(s). No c confirmed. Sponsorships are limited and available on			
□ Wi-Fi Sponsorship (5) Sponsor Investment: \$10,000.00 Each		☐ Department of The Army Civilian Luncheon (1) Sponsor Investment: \$10,000.00	
☐ Exhibit Hall Graphics Sponsorship (30) Sponsor Investment: \$6,500.00 Each	□ ROTC Luncheon (1) Sponsor Investment: \$10,000.00		
☐ Printed Floor Plan/Show Guide Sponsorship (42) Sponsor Investment: \$7,000.00 Each	☐ Corporate Member Luncheon (1) Sponsor Investment: \$10,000.00		
☐ Exhibitor Catalog Page Runner Sponsorship (2) Sponsor Investment: \$5,000.00 Each	☐ Charging Station Sponsor Investment: \$5,000.00		
□ Exhibitor Catalog Cover Sponsorship (6) Sponsor Investment: \$7,000.00 Each		☐ Networking Lounges Sponsor Investment: \$35,000.00	
☐ Exhibitor Catalog Premium Listing Sponsor Investment: \$500.00	□ Pop-Up Meeting Room Sponsorship (3) Sponsor Investment: \$3,000.00 Per Day		
☐ Exhibitor Catalog Full Page Sponsorship Sponsor Investment: \$7,000.00	☐ Military Family Forum Sponsorship (3) Sponsor Investment: \$10,000.00		
☐ Eisenhower Reception Sponsorship (1) Sponsor Investment: \$25,000.00	☐ Military Family Senior Spouse Luncheon Sponsorship Sponsor Investment: \$5,000.00		
☐ International Military Vip Reception (3) Sponsor Investment: \$15,000.00	 ☐ Hotel Key Card Sponsorship ☐ Marriott Marquis (Headquarters Hotel) Sponsor Investment: \$25,000.00 ☐ Renaissance Washington D.C. Hotel Sponsor Investment: \$20,000.00 ☐ Grand Hyatt Sponsor Investment: \$15,000.00 		
☐ International Military Vip Breakfast (1) Sponsor Investment: \$10,000.00			
□ International Military Vip Lounge			
Sponsor Investment: \$20,000.00 MG Robert G. Moorhead Guard/Reserve Breakfast (1) Sponsor Investment: \$10,000.00			
Payment Using Credit Card:			
□ Visa □ MasterCard □ Amex			
Card Number:	Exp. Date:		
Company Name:			
Card Holder Name (please print:	8		
Billing Address:			
City: State:	Z	Zip Code:	