



# 2018 IPA Fall Festival Sponsor Registration

## Sponsorship deadline: August 31, 2018

**Please check the sponsorship opportunities you wish to support.**

- I would like to sponsor a golf hole for \$250.**  
(If you have sponsored a golf hole for five or more consecutive years you will receive TWO signs!).
- I want to help with a cash contribution** of \$ \_\_\_\_\_ to be used as needed.

Please select a payment method below. Thank you!

- I would like to sponsor a Raffle Prize.**

*Options:*

Provide an item to be raffled off such as electronics, sporting goods, etc. Donations must be received by August 31, 2018.

Donate to a pool of funds that will be used to purchase goods for the raffle.

**Please consider sponsoring one of the following events at the 2018 IPA Fall Festival:**

- |   |  |
|---|--|
| <input type="checkbox"/> Educational speaker(s)   | <input type="checkbox"/> Beverage cart     |
| <input type="checkbox"/> Reception hors d'oeuvres | <input type="checkbox"/> Golf prizes       |
| <input type="checkbox"/> Breakfast                |  |
| <input type="checkbox"/> Banquet meal             | <input type="checkbox"/> Clay shoot        |
| <input type="checkbox"/> Golf tournament          | <input type="checkbox"/> Clay shoot lunch  |
| <input type="checkbox"/> Banquet entertainment    | <input type="checkbox"/> Clay shoot prizes |
| <input type="checkbox"/> Golf lunch               |  |

Thank you! You will be contacted about details and pricing.

**COMPANY INFORMATION**

Company name \_\_\_\_\_  
(As you would like it to appear for sponsorship recognition)

Address \_\_\_\_\_

Contact (first and last name) \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

**Please send payment by August 31, 2018 to:**

Iowa Poultry Association  
8515 Douglas Avenue, Suite 9  
Urbandale, Iowa 50322  
**Phone:** 515-727-4701; **Fax:** 515-727-4707 **Email:** info@iowapoultry.com

*Thank you for your valuable contribution!*

Visa  Mastercard  Discover

Credit Card number \_\_\_\_\_

CVV \_\_\_\_\_ Expiration \_\_\_\_\_  
month (xx) year (xxxx)

\_\_\_\_\_  
**Signature** **Date**

**Please choose one:**

**I am enclosing a check for the total amount.**  
**The total amount is to be charged (complete charge information).**  
**I wish to be invoiced for the full amount.**

Note: You will be contacted about details and pricing for the sponsorship events.

OFFICE USE ONLY
Date Rec'd: _____
Amt. Rec'd: _____
Check #: _____