

**ILLINOIS TELECOMMUNICATIONS ASSOCIATION
ANNUAL VENDORS' SHOWCASE, GOLF OUTING, AND SHOOTING EVENT
September 6 – 7, 2017**

**Embassy Suites & Riverfront Conference Center, East Peoria, Illinois
Coyote Creek Golf Club, Bartonville, Illinois
Peoria Skeet & Trap Club, East Peoria, Illinois**

SPONSORSHIP OPPORTUNITIES

The ITA is offering sponsorships for our Annual Vendors' Showcase, Golf Outing & Shooting Event scheduled for September 6 – 7, 2017 in East Peoria, IL. This is an excellent opportunity to advertise your company name to an audience of telephone company representatives. Please check an event listed below that you would like to sponsor. You may also elect to make a general donation and we will assign your company to a particular event. All sponsorship requests are on a first come basis. All sponsors will receive special recognition numerous times during the two-day event.

Wednesday, September 6th, Events

GOLF OUTING:

_____	Prizes	\$1,000
_____	Lunch	\$1,000
_____	Golf Beverage Cart	\$1,500

SPONSORED **Trap/Skeet Shooting Event** Actual Cost
(CommScope, Innderduct.com, Jansen Cable Construction Inc., Tharp's Ltd., and Vermeer Midwest)

_____ **Evening Hospitality Reception** \$5,000
Co-sponsorships available – Amount \$_____ (\$1,000 Minimum)

Thursday, September 7th, Events

_____	AM Refreshments	\$ 300
_____	Grand Prize	\$ 500
_____	Exhibit Hall Refreshments	\$1,500
_____	Afternoon Refreshments	\$ 300

Contact the ITA office at 217-572-1260 or e-mail ita@il-ita.com for availability of co-sponsorships.

General Donation: We wish to make a cash donation in the amount of _____ to support the Vendors' Showcase event. The ITA will assign our company to a specific event, as needed.

Company _____ **Contact** _____

Address _____

Phone Number _____ **E-mail** _____

Payment Options:

Our check in the amount of _____ is enclosed. _____ Please invoice our company.

(Make checks payable to Illinois Telecommunications Association.)

Credit Card: Visa ___ MasterCard ___ American Express ___ Card Number _____

Exp. Date: ___/___/___ CIV # _____ Name on Card: _____

Billing address of card: _____

(For security purposes, please feel free to call with the credit card information.)

To guarantee your company name on signage, please submit this form no later than August 25th

via: US Mail: 312 So. 4th St., Ste. 100, Springfield, IL 62715 • E-mail: ita@il-ita.com

THANK YOU FOR YOUR SUPPORT OF THE ITA AND ITS MEMBER COMPANIES.