University of Vermont EXTENSION
CULTIVATING HEALTHY COMMUNITIES

No-Till & Cover Crop Symposium
Sponsor & Exhibitor Reservation Form
Sheraton Hotel & Conference Center, Burlington, VT   February 17, 2016

Please complete this form and submit by: January 29, 2016 .
Make checks payable to: **University of Vermont**, Mail to: UVM Extension 23 Pond Lane, Suite 300, Middlebury, VT 05753

Sponsors:

☐ *Yes, I would like to sponsor the **2016 No-Till & Cover Crop Symposium** at the following level:*

_____**$2,500 Platinum Sponsor**
Public recognition at conference; **top** placement of logo on promotional materials; **½ page color ad** in the conference proceedings; two conference registrations (includes meals); one exhibitor table in **premium** location.

_____**$1,000 Gold Sponsor**
Public recognition at conference; second level placement of logo on promotional materials; **¼ page color ad** in the conference proceedings; two conference registrations (includes meals); one exhibitor table.

_____**$500 Silver Sponsor**
Public recognition at conference; third level placement of logo on promotional materials; **1/8 page ad** in the conference proceedings; one conference registration (includes meals); one exhibitor table.

_____**$300 Bronze Sponsor**
Public recognition at conference; Company/Organization name listed on promotional materials; one conference registration (includes meals); one exhibitor table.

SPONSORS: Please e-mail your company logo to champlain.crops@uvm.edu by January 29, 2016. Thank You!

Exhibitors: **$250 per table** (additional $10 if electricity required)

☐ *Yes, I would like to exhibit at the **2016 No-Till & Cover Crop Symposium**.*

Exhibit space includes a 6' table and one registration (includes meals). Space is limited, so reserve your space today!
Any additional attendees will need to register for the conference and pay $75.

Fees:

Sponsor Level: _____		= _____	*Please choose **one** of these options. Sponsorship includes one exhibitor table.*
Exhibit space:	_____ # of tables	x $250	= _____
Electricity:	_____ # at $10		=_____
Additional Registrations*:	_____ # at $75		=_____

Please see above categories for the number of registrations included for sponsors/exhibitors. Additional attendees need to be registered.

Total Enclosed = [   ]

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Name: _____ *Organization*_____ *Address*_____

*City*_____ *State*_____ *Zip* _____*E-mail* _____ *Phone* _____

If you have questions, please contact Kirsten Workman or Karen Gallott at (802) 388-4969 or
800-956-1125 (toll free in Vermont), or email: champlain.crops@uvm.edu.