

# Sponsorship Form

**IABMAS2010** The Fifth International Conference  
on Bridge Maintenance, Safety and Management  
July 11-15, 2010 Philadelphia, Pennsylvania, USA

## Company Information (All fields are required)

Company Name \_\_\_\_\_  
Contact Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_  
E-mail \_\_\_\_\_

## Sponsorship Level (Please check one)

\* Please review the Sponsorship Opportunities table for more details regarding the benefits of each sponsorship level to the sponsoring organization.

\*Please check one of the following boxes regarding utilization of sponsorship funds: I would like a percentage of my sponsorship (with the specific percentage to be determined by the Conference Organizing Committee not to exceed 30%) to be used to fund travel expenses for state DOT representatives:  Yes  No

- |  |  |
|--|--|
| <input type="checkbox"/> Main (\$50,000)     | <input type="checkbox"/> Banquet (\$15,000 or Partial _____)   |
| <input type="checkbox"/> Premier (\$25,000)  | <input type="checkbox"/> Reception (\$10,000 or Partial _____) |
| <input type="checkbox"/> Platinum (\$10,000) | <input type="checkbox"/> Lunch (\$5,000)                       |
| <input type="checkbox"/> Gold (\$7,500)      | <input type="checkbox"/> Break (\$5,000)                       |
| <input type="checkbox"/> Silver (\$5,000)    |  |
| <input type="checkbox"/> Bronze (\$2,500)    | <input type="checkbox"/> Exhibit Only Sponsorship (\$1,250)    |

Please note that partial sponsorships are accepted for the event sponsorships (Banquet and Reception only). Please see the footnotes included in the Sponsorship Opportunities table regarding the impact of partial sponsorships on the benefits to the organization. **If you are partially sponsoring one of these events, please note the partial sponsorship amount next to the word "Partial" for the respective sponsorship level above.**

## Payment (Please check one)

- Please Invoice  
 Check Enclosed – Payable to Lehigh University (In U.S. funds and drawn on a U.S. Bank)  
 Bill my:    Visa             MasterCard

Card Account # \_\_\_\_\_ Expiration Date \_\_\_\_\_  
Card CVV # \_\_\_\_\_ Name on Card \_\_\_\_\_  
Signature \_\_\_\_\_ Phone Number \_\_\_\_\_

I have read the Sponsorship Policies and agree to all terms. \_\_\_\_\_

Signature of Sponsor

## Additional Notes

Completed sponsorship forms should be mailed to: Mary Ann Cahalan, ATLSS Research Center, 117 ATLSS Drive, Bethlehem, PA 18015

If sending a check, please mail to Ms. Cahalan at address above; if paying by credit card, please fax completed credit card information to Ms. Cahalan at (610) 758-6842.

Credit card payments will be processed upon receipt. All credit cards transactions will be performed offline.