

ACES/SEE ISLAND 2008 SPONSOR REGISTRATION

Please print clearly

Company Name _____

Contact Person _____

Address _____

City/State/Zip/Country _____

Phone _____ Fax _____

E-mail _____



Ritz-Carlton, San Juan, Puerto Rico
 Room Rates - \$329/night Cityview, \$379/night Poolview
 Discounted Room Rates Limited!
 Must mention "ACES SEE Meeting" for discounted rate!
 For reservations call 787.253.1700 or 800.241.3333

Airport Code is SJU for San Juan International Airport

DIAMOND SPONSOR	\$50,000	\$ _____	
PLATINUM SPONSOR	\$30,000	\$ _____	
GOLD SPONSOR	\$15,000	\$ _____	
SILVER SPONSOR	\$7,500	\$ _____	
BRONZE SPONSOR	\$3,900	\$ _____	
EDUCATION GRANT	\$2,000	\$ _____	
	FEE By Dec 1	FEE After Dec 1	
ADDITIONAL BADGES (See Sponsor Level)	\$300	\$350	
GUESTS OF EXHIBITORS	\$150	\$195	\$ _____
Optional Activities			
Catamaran Sail & Snorkel (Saturday, 2/9/08)		\$140	\$ _____
Golf Clinic (Sunday, 2/10/08)		\$100	\$ _____
Golf @ Ocean Club (Monday, 2/11/08)		\$240	\$ _____
Total Enclosed			\$ _____

For more information, please visit...
www.aces-abes.org/seeisland

4 WAYS TO REGISTER

MAIL

Mail your completed registration form, along with credit card information or check payable to:
ACES/SEE Island 2008 Conference
 Attn: Laurel Fields
 334 East Lake Rd. # 135
 Palm Harbor, FL 34682

FAX

Fax this registration form, with credit card information to 727.836.9783

WEB

Download Registration Form online at
www.aces-abes.org/seeisland

QUESTIONS?

Call Laurel Fields at 727.366.1487

NAME BADGE INFORMATION

Please print names clearly as they will appear on name badges.

Please see sponsorship opportunities for number of attendees included in level.

On-site Corporate Rep _____

On-site Corporate Rep _____

Guests[†] _____ *Note: Separate additional guests with a comma.*

[†] Guest fee applicable to all guests 12 years and older.

Our Company will will not have representatives attending the Island Dinner on Sunday February 10th.

Representatives Attending Dinner: _____

PAYMENT INFORMATION

- My registration fee is enclosed (Check payable to ACES/SEE Island 2008 Conference).
 Please bill my: Visa MasterCard American Express

Account Number _____

Exp. date _____

Name as it appears on card _____

Signature _____

Electrical Requirements (you will be notified of additional charge):
