

Yes!

Our company would like to co-sponsor* the JKA Business Management and Technology Day on December 8th, 2010.



Co-Sponsor, Registration and Staffing Information

CO-SPONSOR INFORMATION: (PLEASE PRINT OR TYPE)

Name: _____ Title: _____

Company Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ E-Mail Address: _____

TYPE OF SPONSORSHIP: (All sponsorship levels include lunch.)

- GOLD Sponsor: \$750.00**
Includes company name on all literature provided to attendees and will display on overhead screen during lunch. Includes six-foot table display area **AND** a single 45-minute speaking engagement.
- SILVER Sponsor: \$500.00**
Includes company name on all literature provided to attendees and will display on overhead screen during lunch. Includes six-foot table display area **OR** a 45-minute speaking engagement.
- BRONZE Sponsor: \$100.00**
Includes company name on all literature provided to attendees and will display on overhead screen during lunch.

STAFFING INFORMATION:

Each person staffing your table must be pre-registered and have a name badge. Please list their names below with email address.

Name # 1 _____	E-mail _____
Name # 2 _____	E-mail _____
Name # 3 _____	E-mail _____
Name # 4 _____	E-mail _____

Submit Your Registration by Fax, E-mail, Mail or Phone!

J. KNUTSON & ASSOCIATES | 1834 NORTH ST. PAUL ROAD, ST. PAUL, MN 55109
FAX: 651-777-8350 | PHONE: 651-777-7716 | E-MAIL: sales@jknutson.com

*By co-sponsoring the JKA Business Management and Technology Day, your company will receive up to **20 free event day invitations** to any desired prospect or customer. Upon registration, you will be given a company registration code that must be entered by each free registrant.

Co-Sponsor Payment Information

PAYMENT INFORMATION: (Free Attendee Registration Code will be provided upon payment*.)

Visa
 MasterCard
 American Express
 Check Enclosed:

Total: \$ _____

Amount \$ _____

Please make check payable to J. Knutson & Associates, Inc.

Card # _____ Expiration _____ Security Code _____

Billing Address: _____

Signature: _____

This form must be returned by Friday, October 29th, 2010.

