



**SPONSORSHIP COMMITMENT FORM**  
**Automated People Movers 2009**  
**Atlanta, Georgia, USA**  
**May 31 – June 3, 2009**



<http://content.asce.org/conferences/apm2009/>

**Sponsoring Company Information**

Company Name: \_\_\_\_\_  
 Company Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_

**Conference Contact Information**

Name (Mr. / Mrs. / Ms.): \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Website Address: \_\_\_\_\_

**Contact Information:**

Joanna Colbourne  
 ASCE Foundation  
 1801 Alexander Bell Drive, 3<sup>rd</sup> Floor  
 Reston, VA 20191  
 Tel: (703) 295-6349  
 E-mail: [jcolbourne@asce.org](mailto:jcolbourne@asce.org)

***Fax or email completed form to the  
 ASCE Foundation.***

Fax: (703) 295-6343  
 Email: [ascefoundation@asce.org](mailto:ascefoundation@asce.org)

**We are committed to the following sponsorship opportunity at the 2009 Automated People Movers Conference in Atlanta, Georgia, USA held on May 31 – June 3, 2009;**

**Event Information**

Sponsorship Opportunity Level: \_\_\_\_\_  
 Sponsorship Event: \_\_\_\_\_  
 Date: \_\_\_\_\_ Time: \_\_\_\_\_  
 Total Sponsorship Amount: \_\_\_\_\_

We agree to the following sponsorship terms and will complete our financial obligation according to the following schedule;

- Due Upon Receipt of Invoice, -or-:
- First Installment of 50% due by April 20, 2009 to ensure Company in Final Program:  
 \$ \_\_\_\_\_ (attached)  
 Final 50% due by April 20, 2009.
- Total Amount Due by April 20, 2009 to ensure Company in Final Program: \$ \_\_\_\_\_  
 (If you are within 2 weeks of April 20, 2009, please fax this form to 703-295-6343, to make sure it is in time to be recognized in the Final Program.)

**Payment Information**

**Payment by Check**

Make Check Payable to: **ASCE FOUNDATION**

**Mail Check to:**

ASCE Foundation  
**ATTN: 2009 APM**  
 1801 Alexander Bell Drive, 3<sup>rd</sup> Floor  
 Reston, VA 20191

**Payment by Credit Card**

Credit Card Type: \_\_\_\_\_  
 Credit Card Exp Date: \_\_\_\_\_  
 Credit Card#: \_\_\_\_\_  
 Card Holder Name: \_\_\_\_\_  
 Card holder Zip Code: \_\_\_\_\_  
 or contact Fred Spaziani at (703) 295-6348

**Name and Signature of individual with the authority to make this financial commitment on behalf of the company: (Please Print)**

Name (Mr. / Mrs. / Ms.): \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_  
 Signature: \_\_\_\_\_