

Association for Institutional Research  
2016 AIR Forum  
May 31 - June 3, 2016  
Hyatt Regency New Orleans

**Sponsor Representative Registration/Name Badge Request**

Each sponsor package includes the following number of registrations:

*Diamond – five    Platinum – four    Gold – three    Silver – two    Bronze – two*

**Deadline to submit: Friday, March 25**

**Company Name:**

- Please print or type representative information
- Name badges must be worn at all times for admission to the Exhibit Hall.
- Please include the **Informal (first) Name** as you would like it to appear on the name badge.

1. First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Informal Name: \_\_\_\_\_ Email: \_\_\_\_\_

2. First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Informal Name: \_\_\_\_\_ Email: \_\_\_\_\_

3. First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Informal Name: \_\_\_\_\_ Email: \_\_\_\_\_

4. First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Informal Name: \_\_\_\_\_ Email: \_\_\_\_\_

5. First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Informal Name: \_\_\_\_\_ Email: \_\_\_\_\_

6. First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Informal Name: \_\_\_\_\_ Email: \_\_\_\_\_

7. First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Informal Name: \_\_\_\_\_ Email: \_\_\_\_\_

8. First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Informal Name: \_\_\_\_\_ Email: \_\_\_\_\_

**Additional sponsor registrations are \$350.00 each. If adding additional representatives please provide payment information below.** Please note: Sponsor Representative Registration cancellations must be submitted to [finance@airweb.org](mailto:finance@airweb.org) by Friday, May 6, 2016. Cancellations received after the deadline will not be eligible for refund or forgiveness of amount due. Registrations are transferable.

**Additional Sponsor Representative(s): \$350 X = \_\_\_\_\_**

**Payment Information (U.S. Dollars)**

Select One:    Check (payable to AIR)    Visa    MasterCard    American Express

Credit Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Amount to be Charged/Enclosed \_\_\_\_\_

Name on Credit Card \_\_\_\_\_ Signature \_\_\_\_\_

*Mail or fax completed form to:* Association for Institutional Research  
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