



**UTC South-Central Region 7 Meeting  
Embassy Suites Baton Rouge • Baton Rouge, LA  
February 11-12, 2008**

**Sponsorship Opportunities**

**Overall Event Sponsorships:**

**Platinum Premier Event Sponsor - \$3,000**

- Pre-conference recognition as Platinum Premier Event Sponsor in all conference marketing
- 3 Conference Registrations
- On-site recognition via logo on all conference signage, listing in the conference materials
- Recognition from the podium during the welcoming and closing remarks
- One Registration Insert

**Gold Partner Event Sponsor - \$2,000**

- Pre-conference recognition as Gold Event Sponsor in all conference marketing
- 2 Conference Registrations
- On-site recognition via logo on all conference signage, listing in the conference materials
- One Registration insert

**Individual Event Sponsorships:**

**Networking Dinner (Exclusive Sponsorship) - \$1,500. Includes Signage, Registration insert, and one Conference Registration**

Monday, February 11<sup>th</sup>

**Networking Lunch (Exclusive Sponsorship) - \$1,000. Includes Signage, Registration insert, and one Conference Registration**

Monday, February 11<sup>th</sup>

**Continental Breakfast (2 Available) - \$500 ea./both for \$750. Includes Signage.**

Monday, February 11<sup>th</sup>

Tuesday, February 12<sup>th</sup>

**Networking Breaks (3 Available) - \$250 ea./all three for \$600. Includes Signage.**

Monday, February 11<sup>th</sup> (a.m.)

Monday, February 11<sup>th</sup> (p.m.)

Tuesday, February 12<sup>th</sup> (a.m.)

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**CONTACT INFORMATION**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

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**ORDER INFORMATION**

Sponsorship Selected: \_\_\_\_\_ Sponsorship Cost: \_\_\_\_\_

Enclosed is my company's check in the amount of \$ \_\_\_\_\_ made payable to Utilities Telecom Council (UTC).

Credit Card:          MasterCard          Visa          American Express

Name on Card: \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_

Credit Card #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Charge Amount: \_\_\_\_\_

Street Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Please send completed form to:**

**Andy Browne, Exhibits Coordinator**  
**1901 Pennsylvania Ave, NW • 5<sup>th</sup> Floor • Washington, DC 20006**  
**Phone/Fax: 202.833.6813 • [andy.browne@utc.org](mailto:andy.browne@utc.org)**