

5th Annual Southern Illinois Hemp/Cannabis Symposium

September 27, 2024

SPONSOR/EXHIBITOR REGISTRATION

25D0902601ES

Registration deadline is Sept. 14

— Platinum Sponsor	\$10,000
<ul style="list-style-type: none">• Vendor booth• VIP Reception with hospitality suite• Break out room at symposium for job and internship opportunities• Logo in program as Platinum sponsor• First tier logo placement on symposium t-shirt• Symposium t-shirt (x10)• Short Presentation to attendees about business• 10 free attendee registrations	
— Gold Sponsor	\$5,000
<ul style="list-style-type: none">• Vendor booth• VIP reception with hospitality suite• Break out room at symposium for job and internship opportunities• Logo in program as Gold sponsor• Second tier logo placement on symposium t-shirt• Symposium t-shirt (x5)• 5 free attendee registrations	
— Silver Sponsor	\$1,000
<ul style="list-style-type: none">• Vendor Booth• Logo in program as Silver sponsor• Break out room at symposium for job and internship opportunities• Third tier logo placement on symposium t-shirt• Symposium t-shirt (x2)• 2 free attendee registrations	
— Bronze Sponsor	\$500
<ul style="list-style-type: none">• Logo in program as Bronze sponsor• Fourth tier logo placement on symposium t-shirt• Symposium t-shirt (x1)	
— Friend of the Symposium	\$250
<ul style="list-style-type: none">• Logo in program	
— Exhibitor	\$100
2 x 6' tables, 2 chairs (includes 2 representatives, extra rep's \$25.00)	
— Electric for Exhibitor Space	\$10
_____ Total	

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Company or Organization Name: _____

Representative 1, Name _____ Email _____

Representative 2, Name _____ Email _____

Representative 3, Name _____ Email _____

Representative 4, Name _____ Email _____

Representative 5, Name _____ Email _____

Representative 6, Name _____ Email _____

Representative 7, Name _____ Email _____

Representative 8, Name _____ Email _____

Representative 9, Name _____ Email _____

Representative 10, Name _____ Email _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ EMail: _____

Check: Check # _____ (Payable to SIU Carbondale)

Credit Card # _____ **Exp. Date** _____ **CVV** _____

Name on Card (please print) _____

Please do not email registrations with credit card information. Register online or call us to register by phone.

Return form & payment to:

Events and Outreach
Mail Code 6705
1265 Lincoln Drive,
Carbondale, IL 62901

Contact:

Courtney Crafton
618/536-7751
Fax: 618/453-5680
conferenceservices@siu.edu