



HEALTHY BUILDING SUMMIT 2017

SPONSOR REGISTRATION

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Alt. Phone: _____

Contact Name: _____

E-Mail: _____

TYPE OF SPONSOR

Marquis - \$3500

Exhibitor - \$995

PAYMENT INFORMATION

Payment Type: Visa Mastercard Amex Discover Check Payable to IAQ Training Institute, LLC

Card # _____ Expires: _____

Three or four digit # on front/back of card: _____ Zip Code for CC _____

Please forward a link to the logo that you would like to use as well as a description of your business. These will appear on the website, for [example](#).

IAQ Training Institute, LLC

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Central City, PA 15926

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