**AUTISM SOCIETY**

***Improving the Lives of All Affected by Autism***

 ***Iowa***

**2020 Autism Society of Iowa Sponsor and Virtual Exhibitor Registration**

The **Autism Society of Iowa** is offering registration for service providers to participate in our virtual Information and Resource Fair, which will be held during our virtual annual conference on Friday, November 6, 2020. The keynote speaker will be James Ball, Ed.D., BCBA-D who will speak on pro-active strategies for positive behavior changes and enhancing social skills.

**Sponsor Benefits - $500**

* Receive all virtual exhibitor benefits
* Give brief remarks prior to the afternoon session
* Sponsor contact info and website to be shared in the chat box for all attendees during brief remarks
* Drawing to be held for a $25 Amazon gift card to incentivize conference attendees to return from their lunch break to listen to sponsor remarks.
* Opportunity for conference attendees to participate in a separate Q/A zoom session with sponsor to be held within a few weeks post-conference and organized by ASI.

**Virtual Exhibitor Benefits - $50**

* Your logo and link to your website on all conference marketing materials and on our website and newsletter
* Over 100 people in attendance will have access to your information
* One free complimentary registration to the conference
* Acknowledgement through social media prior to the conference
* Upload resource to virtual exhibitor room

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Organization Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Service Type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Web-site\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-Mail\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Payment:**

Register online at [www.autismia.org](http://www.autismia.org)

Check: Please make check to **Autism Society of Iowa** Check #\_\_\_\_\_\_\_\_

Purchase Order: Please mail to:

ASI, 4549 Waterford Drive, West Des Moines, IA 50265

Credit Card: [] VISA [] MasterCard [] Discover [] America Express

Credit Card # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CID# (3-digit on back) \_\_\_\_\_\_

Exp. Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

Autism Society of Iowa

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