

## 2020 Virtual Convention

### Vendor Webinar Reservation Form

#### Vendor Weekly Webinar

Each Thursday for 8 Weeks, Beginning September 2 Through October 21

If your company is interested in registering as a vendor for one of the 8 weekly events:

	<b>30 Minute Presentation*</b> <b>Includes:</b> <ul style="list-style-type: none"> <li>• 15 min. Presentation</li> <li>• 15 min. Q&amp;A / Discussion</li> </ul>	<b>45 Minute Presentation*</b> <b>Includes:</b> <ul style="list-style-type: none"> <li>• 30 min. Presentation</li> <li>• 15 min. Q&amp;A / Discussion</li> </ul>
<b>Organizational Member</b>	<input type="checkbox"/> <b>\$1,000</b>	<input type="checkbox"/> <b>\$1,500</b>
<b>Non-Member</b>	<input type="checkbox"/> <b>\$2,500</b>	<input type="checkbox"/> <b>\$3,000</b>

\* All presentations include a brief introduction provided by ASBI.

\* You may pre-record your webinar if you would like and provide to ASBI.

Please choose 4 dates with assignment based on registration receipt:

- |  |   |
|--|---|
| <input type="checkbox"/> September 2<br><input type="checkbox"/> September 9<br><input type="checkbox"/> September 16<br><input type="checkbox"/> September 23 | <input type="checkbox"/> September 30<br><input type="checkbox"/> October 7<br><input type="checkbox"/> October 14<br><input type="checkbox"/> October 21 |
|--|---|

### Continued

For More Information,  
 Please Feel Free to Contact  
 Ingrid Ramsey at (512) 523-8214

E-mail pages with payment to:  
[ingrid@asbi-assoc.org](mailto:ingrid@asbi-assoc.org)

## Vendor Webinar Registration (continued)

Company: \_\_\_\_\_  
Presenter Contact Name: \_\_\_\_\_  
Presenter E-Mail: \_\_\_\_\_  
Presenter Phone: \_\_\_\_\_

### For Webinar Introduction:

**Company Contact Information:**  Please provide a brief bio of presenter.  
 Please provide a headshot of the presenter.  
 Please send a .jpg file of company logo.

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
E-Mail: \_\_\_\_\_  
Website: \_\_\_\_\_

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### Credit Card Payment for Vendor Webinar Registration

Name as it Appears on Card: \_\_\_\_\_  
Billing Address of Cardholder: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Card Type:  VISA  MasterCard  American Express  Discover  
Card Number: \_\_\_\_\_  
CVV Number: \_\_\_\_\_  
Expiration Date: MM/Year \_\_\_\_\_

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