



American Society of Access Professionals

1120 20th St. NW, Suite 750 * Washington, DC 20036

Tel: 202-712-9054 * E-Fax: 771-210-3675 * Fed. ID # 54-1152815

Email: djennings@accesspro.org * www.accesspro.org

NTC SPONSOR APPLICATION

Due with full payment by April 11, 2025

Event: ASAP 18th Annual National Training Conference

Date: May 6-8, 2025

Place: Planet Hollywood, Las Vegas, NV

Sponsorship Levels (US dollars - please select one)

	<i>Platinum</i>	\$5,000	<i>(includes up to 4 representatives)</i>
	<i>Gold</i>	\$3,000	<i>(includes up to 3 representatives)</i>
	<i>Silver</i>	\$2,000	<i>(includes up to 2 representatives)</i>

Company _____

Address _____ City _____ State _____ Zip Code _____

Telephone _____ Fax _____

Hyperlink for Website (or QR code) _____

Key contact name _____ Phone _____ Email _____

Register Your Official Representative(s). *All representatives should be registered no later than April 25, 2025.*

1) _____ Email: _____

2) _____ Email: _____

3) _____ Email: _____

4) _____ Email: _____

Additional representatives outside of your package inclusions may be registered at the Early-Bird Member/Non-Member rate of \$1,300/\$1,500 per person, respectively.

1) _____ Email: _____

2) _____ Email: _____

Dietary restrictions or ADA accommodation or email the information to djennings@accesspro.org

Name _____ Restriction/Accommodation(s) _____

Name _____ Restriction/Accommodation(s) _____

Payments and Table Assignments

Payment is requested with your application submission. Applications received on or before **April 11** will be assigned based upon sponsorship level and when payment is received. Tables will not be assigned until full payment has been received. After April 11, tables will be assigned based upon availability. All efforts will be made to accommodate selections, however, ASAP has the right to assign space if your choices are not available

Please provide your Product/Service Description up to 75-words

Terms and Conditions

ASAP is a collegial society. In the spirit of education, it is assumed that all sponsor materials will be presented in a positive light and focus on the specific services to the benefit of ASAP members and the access community. ASAP reserves the right to remove materials it deems inappropriate. ASAP does not endorse products or services.

ASAP is sensitive to the appearance of endorsement or business relationships. It is strictly prohibited to use "partnering" or any derivative of the term in association with ASAP's name or brand.

SPECIAL NOTICE: Travel and convening have inherent risks of being infected with communicable diseases. All participants agree to release and hold harmless the American Society of Access Professionals (ASAP) and its representatives from and against any claims, losses or damages arising from my contracting or spreading any communicable disease in connection with travel to or participating in ASAP events. By virtue of this registration, you agree to follow all applicable laws and any procedures and protocols announced by ASAP

Authorization and Payment – All Fields Required – ASAP will call cardholder for the card information

Signature _____ Cardholder Name (PRINT) _____

Cardholder Telephone _____ Cardholder Email _____

Cardholder City _____ Cardholder State/ZIP _____

Authorized Amount \$ _____ Check Enclosed Check # _____ Check Amount \$ _____

Please include a copy of your application with your check payment.

Thank you for your support of ASAP!

*Return Application **by April 11, 2025** to:*

*American Society of Access Professionals
ATTN: Sponsorship
1120 20th St., NW, Suite 750
Washington, D.C. 20036-3441
E-FAX 771-210-3675
djennings@accesspro.org*