



Shadow Warrior Week 2017

Sponsored by the Shadow Warrior Association
Supported by the 112th Signal Battalion and the USASOC G-6
Bragg Club, Fort Bragg, North Carolina
April 3 – 6, 2017

Contact Information

Company Name _____

Contact _____ Title _____

Telephone _____ Fax _____

Email _____ Website _____

Address _____

City _____ State _____ Zip _____ Country _____

Rates

- Expo Sponsorship (8 x 10 Booth) - \$1650
- Golf Tournament Sponsorship Only (Includes hole sign and 4 man team) - \$500
- Additional Representatives (Booth includes 2) - \$ 50 each x _____ Total \$ _____
- Extra Table (Booth comes with 1 table with skirt) - \$100 each x _____ Total \$ _____

Additional Sponsorship Opportunities

- Reception/Mixer Sponsor (Up to 3 Companies) - \$2500
- USASOC Conference Snacks \$ _____ (\$500 minimum to qualify for advertising)
- WiFi Service
- Donated Raffle Items: for Golf / Expo / Ball (Circle one) ITEM: _____

Payment Information

Please email 1 copy of your registration to swa.expo@gmail.com, CC shadow.warrior.treasurer@gmail.com and include 1 copy with the payment to PO Box 70677.

- Credit Card Payment.
Invoice will be Generated by Square. Include email address for invoice payment

Checks payable to: Shadow Warrior Association
Mail payments to:
The Shadow Warrior Association
PO BOX 70677
Fayetteville, NC 28307

Total Commitment \$ _____

Initials	Deposit and Payment Schedule	
	Due with application	50%
After February 15, 2017	100%	

Exhibit space will not be held or confirmed without deposit. Failure to make payments does not release the contracted or financial obligation of the Exhibitor.

Initials	Cancellation Penalties	
	Through February 15, 2017	50%
After February 15, 2017	100%	

Booths will be assigned in order of submission. Using the attached floor diagram, choose 4 booths in order of preference. If your choices are not available, you will be notified of all available booths.

1 _____ 2 _____ 3 _____ 4 _____

This exhibit space application will become a contract upon acceptance with authorized signature and is based upon the exhibit floor plan, exhibit space fees, rules governing the exposition and general information that is included with this document.

Printed Name: _____ Telephone: _____

Exhibitor Signature: _____ Date: _____

Show Management Use Only

Accepted by: _____ Date: _____

Full Payment Date: _____

Thank you for your support!