



ILEA NCC GALA 2017 VENDOR SPONSOR FORM

COMPANY NAME	
SERVICES PROVIDED	
CONTACT NAME	
CONTACT EMAIL	
CONTACT PHONE	
WEBSITE	
SCOPE OF SERVICES <i>(Please add any relevant attachments)</i>	
RETAIL VALUE OF SERVICES	
DO YOUR SERVICES INCLUDE ALL RELEVANT STAFFING?	
SPECIAL REQUIREMENTS (EG. STAFFING/LOAD-IN DETAILS/RENTALS ETC.)*	
CAN OUR MARKETING TEAM CONNECT WITH YOU TO BEST SHOWCASE YOUR SUPPORT OF THIS EVENT	
MARKETING CONTACT	

Please provide your logo along with the completed form.

*Please note we will do our best to provide any special requirements (eg. Staffing) however, we cannot guarantee your request).

Signed	
Company	
Title	
Date	