[Supporting Connecticut Teachers of English to Speakers of Other Languages](http://www.conntesol.org/)

***The 2018 Annual Conference
85 Sigourney Street, Hartford, Saturday, October 20***

**I. VENDOR TABLE OPPORTUNITIES:**

\_\_\_\_\_ # of tables requested (**$250** per table) \_\_\_\_\_ product workshop presentation ($50 add’l)

**II. SPONSORSHIP OPPORTUNITIES TO OFFSET THE CONFERENCE:**

\_\_\_\_\_ **Venue Sponsor ………….** **$1,000**

* Special acknowledgement during the event
* Special acknowledgement on Conference webpage
* Half page ad with lead positioning in the printed Conference Program
* Vendor table

\_\_\_\_\_ **Keynote Sponsor…………..** **$1,500**

* Special acknowledgement during the event
* Special acknowledgement on Conference webpage
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* Vendor table

**III. CONFERENCE PROGRAM ADVERTISING OPPORTUNITIES:**

\_\_\_\_\_ **Gold Level**………… **$300**

* Opportunity to briefly address audience before keynote presentation
* Full page ad in the printed Conference Program

\_\_\_\_\_ **Silver Level**……………… **$150**

* Opportunity to briefly address audience before keynote presentation
* Half page ad in the printed Conference Program

*The advertising opportunities are fully tax-deductible*

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**Please contact Jim Minor at B****oardMembers@ConnTESOL.org****, or (203) 589-5130 for additional information, advertising guidelines, and assistance regarding advertising and sponsorship opportunities.**

**\_\_\_\_ I/We prefer to enclose a fully tax-deductible donation of $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.**

**Reservations and ads *must* be received by September 20, 2018, to ensure listing in the Conference Program.**

**Thank you for supporting the ConnTESOL Conference. Please complete the information below and return this entire form.**

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

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Person to contact if more information is needed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact phone number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Payment amount enclosed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please make checks payable to ConnTESOL, and return this form and check to:\*

 ConnTESOL

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\*If you’d prefer, you can also email the form to Boardmembers@ConnTESOL.org and pay by paypal. Instructions for paypal payment will be emailed to you once we receive your completed form.