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## SPONSORSHIP INFORMATION:

Company: \_\_\_\_\_

Representative 1 Name: \_\_\_\_\_

Representative 1 Email & Cell Number: \_\_\_\_\_

Representative 2 Name: \_\_\_\_\_

Representative 2 Email & Cell Number: \_\_\_\_\_

Company Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Company Website: \_\_\_\_\_

## SPONSOR LEVEL:

<b>Exhibitor</b>
<input type="checkbox"/> \$350

## PAYMENT INFORMATION

VISA       MasterCard       AMEX       Discover       Check# \_\_\_\_\_

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ CW#: \_\_\_\_\_

CC Billing Address: \_\_\_\_\_ ZipCode: \_\_\_\_\_

Name on Card: \_\_\_\_\_ Signature: \_\_\_\_\_

Please make checks payable to: **California Industrial Hygiene Council**

Return completed form  
to:

4<sup>th</sup> Annual IH Summit  
c/o Aurora Industrial Hygiene  
9666 Businesspark Ave, Suite 102  
San Diego, CA 92131  
E-mail: gchan@auroraih.com