

American Horticultural Therapy Association 2010 Annual Conference

In Our Nature

A Collaboration between the AHTA and the Chicago Botanic Garden

Sponsor Registration Form

October 14 - 16, 2010

Meeting: Chicago Botanic Garden

Hotel: Chicago Renaissance North Shore

Name of Organization or Business _____

Address _____

City _____ State _____ Zip _____

Contact Person _____

Phone _____ Fax _____

E-mail _____

Sponsor Registrant

_____	\$3,000 - Platinum	_____	\$500 - Silver
_____	\$1,000 - Gold	_____	\$250 - Bronze
_____			Total

(Please make checks payable to: **American Horticultural Therapy Association**.)

Each Sponsor Registrant will receive a confirmation and registration packet.

Special needs: (A conference representative will contact you directly regarding special requests)

I agree to provide the sponsorship registration fee of \$ _____

Sponsor Signature _____ Date _____

Credit Card Payments are accepted as well

Visa MasterCard American Express

Card # _____ Exp. Date _____

Signature _____

Billing Address Zip Code (Required) _____

Please return the completed form and / or check to

American Horticultural Therapy Association

150 South Warner Road, Suite 156

King of Prussia, PA 19406

Fax: 610-225-2364

Please duplicate this Sponsor Registration Form as needed.