



Electronic Life Safety, Security & Systems Professionals

Indiana Burglar and Fire Alarm Association 2010 Race For Success Vendor/Sponsor Registration Form

E-mail Completed & Signed Form To: kmaples@stanleyworks.com Or Fax To: **317-806-3797**

If Paying by Check – Mail Completed Registration and Payment To:

IBFAA, 2602 East 55th Street, Indianapolis, IN 46220

All Fields Are Required To Be Completed

Event:	2010 Race For Success – Member Meeting, Table Top Show & Team Building		
Event Date & Time:	Thursday March 11, 2010 Set Up 3:00 – 4:00pm, Dinner & Meeting 4:00 – 5:30pm, Table Top Show & Team Building 5:30 – 7:30pm		
Event Location:	Fast Times Indoor Carting 3455 North Harper Road Indianapolis, IN 46240	N.E. Corner of Keystone & 96 th Street Behind Ruth's Chris Steak House	

Registration & Payment Information

Table Top Fee:	<input type="checkbox"/> Member Fee \$300.00 <input type="checkbox"/> Non-Member Fee \$400.00		
Table Top Fee Includes:	<ul style="list-style-type: none"> - Quality One To One Face Time With Electronic Security Professionals - One (1) – 6' Table (110 Power Available Upon Request With Registration) - Pizza & Soft Drink Buffet – Cash Bar Available - Signage, Recognition in Promotional Materials & At Event 		
Additional Sponsor Opportunities:	<input type="checkbox"/> Dinner \$350.00 Receives Signage, Recognition In Promotional Materials & At Event	<input type="checkbox"/> Soft Drinks \$250.00 Receives Signage & Recognition At Event	<input type="checkbox"/> Water \$100.00 Receives Recognition At Event
Special Notes:	<ul style="list-style-type: none"> - Table Top Space Is <u>Limited</u> And Is Offered On A First Come, First Served Basis - Participation In Race Event Requires Separate Registration And Fee For Individual Or Team Driver(s) 		

Company Information Provided Below Will Be Used "As Written" When Ordering Signs & In Printed Materials

Company Name:		Contact Name:			
Street Address:		City:	State:	Zip:	
Phone #:		Cell#:		Fax #:	
Email Address:					
Secondary Contact Name:		Phone #:			
Email Address:					

Payment Information

Payment By Check	Payment By Credit Card	Total Amount To Be Charged:	\$						
American Express	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard	<input type="checkbox"/> Discover	<input type="checkbox"/> Request 110 Power						
Credit Card Holder Name:	<table style="width: 100%; border: none;"> <tr> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> </tr> </table>								
Security Code:	Exp Date:	Card Holder Signature:							

This Event Is For Entertainment Purposes Only. Individuals Will Be Required To Sign Waiver Prior To Participation In Driving Event. Neither The IBFAA, Nor Its Members Or Officers Will Be Responsible For Any Injuries Or Other Damages Associated With Participation In This Event.



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