



**24TH ANNUAL
NEW MEXICO INFRASTRUCTURE FINANCE CONFERENCE**
“Stronger Infrastructure for a Stronger New Mexico”
 Las Cruces Convention Center
OCTOBER 23-25, 2019

EXHIBITOR REGISTRATION

(PLEASE PRINT CLEARLY)

Company/Agency Name: _____ Contact Person: _____
 Address: _____ City/State/Zip: _____
 Phone: _____ E-mail: _____

I would like to be a:

- Luncheon Sponsor (4 full registrations-1 exhibit table)..... \$3,500.00
 - Awards Brunch Sponsor (4 full registrations-1 exhibit table) \$3,500.00
 - Premiere Sponsor (4 full registrations-1 exhibit table)..... \$2,100.00
 - Corporate Sponsor (3 full registrations-1 exhibit table) \$1,100.00
 - General Sponsor (2 full registrations-1 exhibit table)..... \$600.00
 - Government/non-profit (1 full registrations-1 exhibit table)..... \$300.00
- Sponsorship & Exhibit Financial Sponsorship Only (no exhibit) Will Need Electricity

LIST OF ATTENDEE(S) *(Sponsorship level determines number of paid attendees included):*

1. Name: _____ Title: _____ Email: _____
 2. Name: _____ Title: _____ Email: _____
 3. Name: _____ Title: _____ Email: _____
 4. Name: _____ Title: _____ Email: _____

ADDITIONAL TICKETS: *(one complimentary ticket to each meal event is included with each full conference registration)*

<u>EVENT</u>	<u># of Tickets</u>		<u>Price/Ticket</u>		<u>Total</u>
Wednesday Luncheon (WL)	_____	X	\$40	=	\$ _____
Thursday Luncheon (TL)	_____	X	\$40	=	\$ _____
Thursday Social (TS)	_____	X	\$40	=	\$ _____
Friday Awards Brunch (FAB)	_____	X	\$35	=	\$ _____
Total Amount Enclosed:					\$ _____

Names for additional tickets *(indicate who is attending which event – must coincide with selection above):*

1. Name: _____ Title: _____ WL TL TS FAB
 2. Name: _____ Title: _____ WL TL TS FAB
 3. Name: _____ Title: _____ WL TL TS FAB
 4. Name: _____ Title: _____ WL TL TS FAB

PAYMENT INFORMATION

- Check enclosed - payable to **New Mexico Municipal League**
- Purchase Order for Registration Fees - Attach copy or provide PO# _____
- Charge my registration fees to VISA or MC listed below. NMML is authorized to use the card below to pay registration fee(s) in the amount of: \$ _____

Card #: _____ Exp Date: _____
 Name of Card Holder: _____
 Card Holder Signature: _____

Receipts available at registration check-in.

Return by September 27 th to:	NM Municipal League Attn: Jackie Portillo P.O. Box 846 Santa Fe, NM 87504-0846 jportillo@nmml.org Fax# (505) 984-1392
Register early to guarantee company name on printed materials!	