



Sponsorship Insertion Order

Conference Dates: January 9 – 11, 2020 Miami Beach, FL

Company Name: _____

Contact Person: _____

Phone: _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Sponsorship Item

Description

Amount: _____

FORM COMPLETION

Complete the Sponsorship Insertion Order and return to your Packer Sales Representative or email to produceexpos@farmjournal.com

PAYMENT

Preferred method of payment is via credit card. Please complete the information below.

Credit Card AMEX MasterCard VISA

Expiration Date _____

Credit Card # _____ / _____ / _____ / _____

Name on Card _____

CVV Number _____

QUESTIONS? Contact:

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