



Exhibitor Application
Women's Leadership Conference
Saturday, June 3, 2023

Exhibitor Opportunities

The Iranian American Women Foundation, a 501 (c) 3 nonprofit organization, invites you to sponsor our upcoming Women's Leadership conference on June 3rd, 2023 at the Marina Del Ray Marriott, CA. Born from a desire to inspire, empower, and connect, the Iranian American Women Foundation's conferences, held nationwide, are a space where women from all walks of life celebrate their heritage, network, promote personal and professional growth, and showcase their community's contribution to the American fabric. This event will feature distinguished experts from various fields, sharing advice, and insight on how to make a difference in others' lives, excel in one's career and pursue, and reach dreams. We are expecting to have over 350 participants join us for this day of inspiration, and we look forward to celebrating our return with our community in Southern California.

Full Name: _____

Company Name: _____

Email: _____ **Phone:** _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

I will be selling a product: ☐ Yes ☐ No **I will be promoting a product or service:** ☐ Yes ☐ No

Description of product or service: _____

(No food or drink items will be allowed for sale due to health certificate reasons)

Electrical connection requested: ☐ Yes ☐ No

Booth setup must be completed by 8:30 AM and cannot be taken down before 4:00 PM.



Please select one:

☐ **Exhibitor Table I: \$1,000**
(1 table & 2 all-inclusive passes)

☐ **Exhibitor Table II: \$800**
(1 table & 1 all-inclusive pass)

Name of Participant 1: _____

Name of Participant 2 (if applicable): _____

Payment Method: ☐ Credit Card ☐ Personal Check (Made payable to IAW Foundation)

Applications are processed and approved on a first come, first served basis and are subject to committee approval. All fees are payable to **IAW Foundation** and must be submitted **NO LATER THAN May24, 2023.**

Name on CC: _____

CC #: _____ **Exp. Date:** ____/____ **CVV:** _____

Billing Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Signature: _____ **Date:** _____

Please submit application via email to Natalie@iawfoundation.org