



### 1 COMPANY INFORMATION

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Website: \_\_\_\_\_

Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### 2 SPONSORSHIP OPPORTUNITIES

- Charging and Networking Lounge \$20,000 \$ \_\_\_\_\_
- Wellness Lounge & Walking Challenge \$20,000 \$ \_\_\_\_\_
- Shuttle Bus \$20,000 \$ \_\_\_\_\_
- Opening Reception \$20,000 \$ \_\_\_\_\_
- Opening Reception (Co-Sponsorship) \$10,000 \$ \_\_\_\_\_
- Wifi \$10,000 \$ \_\_\_\_\_
- Headquarter Hotel Key Card \$10,000 \$ \_\_\_\_\_

#### MOBILE APP SPONSORSHIPS

- Mobile App \$10,000 \$ \_\_\_\_\_
- Promoted Posts \$4,000 \$ \_\_\_\_\_
- Push Notifications \$2,000 \$ \_\_\_\_\_
- Morning Coffee Service \$7,000 \$ \_\_\_\_\_
- Exhibit Hall Hanging Banners \$7,000 \$ \_\_\_\_\_
- Refreshment Breaks \$5,500 \$ \_\_\_\_\_
- Registration Page Sponsorship \$5,000 \$ \_\_\_\_\_
- Business Center \$5,000 \$ \_\_\_\_\_
- General Session Amenities \$2,500 x \_\_\_\_\_ day(s) = \$ \_\_\_\_\_
- Pop Up Meeting Room Sponsorship \$1,500 x \_\_\_\_\_ day(s) = \$ \_\_\_\_\_

#### SHOW GUIDE SPONSORSHIPS

- Belly Band \$15,000 \$ \_\_\_\_\_
- Back Cover \$10,000 \$ \_\_\_\_\_
- Inside Front Cover \$9,000 \$ \_\_\_\_\_
- Inside Back Cover \$7,500 \$ \_\_\_\_\_
- Full Page \$5,000 \$ \_\_\_\_\_
- Floor Plan Sponsorship \$5,000 \$ \_\_\_\_\_
- Page Runner \$4,000 \$ \_\_\_\_\_
- Company Logo on Cover \$4,000 \$ \_\_\_\_\_
- Show Guide Premium Listing \$500 \$ \_\_\_\_\_

### 3 PAYMENT

Payment by credit card or check at the time of contract submission is preferred. Sponsorships may be invoiced and are payable within 30 days. If payment is not received, sponsor will forfeit their right to sponsor. All payments must be received prior to the event. Confirmation of sponsorships, along with any additional specifications, deadlines, etc., will be by email. Cancellation policy: no refunds

**TOTAL: \$** \_\_\_\_\_

Check: Please make payable to AUSA. Mail to address listed above.

Credit Card

Visa  MasterCard  American Express

Card # \_\_\_\_\_

Exp. date \_\_\_\_\_

CSV code \_\_\_\_\_

Name on card \_\_\_\_\_

Authorized Signature \_\_\_\_\_

Billing Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

### 4 AUTHORIZATION

This contract must be submitted with authorizing signature, agreeing to abide by all terms, conditions, and specifications and agreeing to the commitment total tallied above. Any questions regarding a specific opportunity in advance of submission may be directed to AUSA Sponsorship Manager, contact information above.

Exhibitor's Authorized Signature \_\_\_\_\_

Date \_\_\_\_\_