



23 - 25 May 2017

Sheraton Waikiki

Honolulu, HI

Gaye Hudson, Sponsorship Manager

Fax: 703-243-2589

or MAIL: 2425 Wilson Blvd, Suite 530

Arlington, VA 22201

GHudson@ausa.org • 703-907-2401

1 COMPANY INFORMATION

Company Name: _____

Address: _____

City, State, Zip: _____

Website: _____

Sponsorship Contact: _____

Phone: _____

Email: _____

2 SPONSORSHIP OPPORTUNITIES

<input type="checkbox"/> Networking Lounge	\$15,000	\$ _____
<input type="checkbox"/> Opening Reception	\$10,000	\$ _____
<input type="checkbox"/> Wi-Fi	\$10,000	\$ _____
<input type="checkbox"/> Afternoon Networking Reception	\$7,500	\$ _____
<input type="checkbox"/> Hotel Key Card	\$7,500	\$ _____
<input type="checkbox"/> Attendee Packet Stuffer	\$5,000	\$ _____
<input type="checkbox"/> Registration Page Sponsorship	\$5,000	\$ _____
<input type="checkbox"/> Morning Refreshment Breaks	\$5,000	\$ _____
<input type="checkbox"/> Morning Coffee Service	\$5,000	\$ _____
<input type="checkbox"/> General Session Amenities	\$2,500	\$ _____

3 SHOW GUIDE SPONSORSHIPS

<input type="checkbox"/> Back Cover	\$7,000	\$ _____
<input type="checkbox"/> Inside Front Cover	\$6,000	\$ _____
<input type="checkbox"/> Inside Back Cover	\$5,000	\$ _____
<input type="checkbox"/> Full-Page Advertisement	\$4,000	\$ _____
<input type="checkbox"/> Front Cover Sponsorship	\$4,000	\$ _____
<input type="checkbox"/> Page Runner	\$4,000	\$ _____
<input type="checkbox"/> Floor Plan	\$2,500	\$ _____
<input type="checkbox"/> Premium Show Guide Listing	\$500	\$ _____

4 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 sponsorship, 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 _____

5 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.

Sponsor's Authorized Signature _____

Date _____