



1 COMPANY INFORMATION

Company Name: _____

Address: _____

City, State, Zip: _____

Website: _____

Contact: _____

Phone: _____

Email: _____

2 SPONSORSHIP OPPORTUNITIES

<input type="checkbox"/> Charging and Networking Lounge	\$20,000	\$ _____
<input type="checkbox"/> Shuttle Bus	\$20,000	\$ _____
<input type="checkbox"/> Opening Reception	\$20,000	\$ _____
<input type="checkbox"/> Water Bottles & Water Stations	\$15,000	\$ _____
<input type="checkbox"/> Wifi	\$10,000	\$ _____
<input type="checkbox"/> Headquarter Hotel Key Card	\$10,000	\$ _____
<input type="checkbox"/> Morning Coffee Service	\$6,000	\$ _____
<input type="checkbox"/> Registration Page Sponsorship	\$5,000	\$ _____
<input type="checkbox"/> Refreshment Breaks	\$5,000	\$ _____
<input type="checkbox"/> Exhibit Hall Hanging Banners	\$5,000	\$ _____
<input type="checkbox"/> Business Center	\$5,000	\$ _____
<input type="checkbox"/> Attendee Packet Stuffer	\$5,000	\$ _____
<input type="checkbox"/> General Session Amenities	\$2,500 x _____ day(s) =	\$ _____
<input type="checkbox"/> Pop Up Meeting Room Sponsorship	\$1,500 x _____ day(s) =	\$ _____

SHOW GUIDE SPONSORSHIPS

<input type="checkbox"/> Back Cover	\$10,000	\$ _____
<input type="checkbox"/> Inside Front Cover	\$9,000	\$ _____
<input type="checkbox"/> Inside Back Cover	\$7,500	\$ _____
<input type="checkbox"/> Full Page	\$5,000	\$ _____
<input type="checkbox"/> Page Runner	\$4,000	\$ _____
<input type="checkbox"/> Company Logo on Cover	\$4,000	\$ _____
<input type="checkbox"/> Floor Plan Sponsorship	\$5,000	\$ _____
<input type="checkbox"/> 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 _____