



2021 IS-MPMI CONGRESS eSymposia Series

July 14 • September 15 • November 10

Sponsorship Reservation Form

SPONSORSHIP OPPORTUNITIES

	Rates (in USD)	
Ad roll or 2-minute commercial	\$3,000	\$ _____
Banner ad on meeting platform	\$3,000	\$ _____
Daily meeting email sponsor	\$3,000	\$ _____
July 14 Sept 15 Nov 10		
Pre-meeting music playlist	\$3,000	\$ _____
Pre-session music sponsor	\$5,000	\$ _____
Registration confirmation email	\$5,000	\$ _____
Sponsored social post	\$3,000	\$ _____
Sponsored email blast	\$6,000	\$ _____
Sponsor an IS-MPMI session	\$3,000	\$ _____
Sponsor your own session	\$6,000	\$ _____
Swag bags	\$8,000	\$ _____
Swag bag inserts	\$3,000	\$ _____
Virtual happy hour or activity	\$3,000	\$ _____
July 14 Sept 15 Nov 10		
Customized gifts	varies	\$ _____
Lunch or coffee credits	varies	\$ _____
July 14 Sept 15 Nov 10		

Customizable Sponsorship Packages:

VIP	\$25,000+	\$ _____
Platinum	\$15,000+	\$ _____
Gold	\$10,000+	\$ _____
Bronze	\$5,000+	\$ _____
Total Contribution		\$ _____

COMPANY AND CONTACT INFORMATION

Company Name (exactly as it should appear in print)

Contact Name _____

Contact Email _____

Telephone _____

Address _____

City _____

State/Province _____

Zip/Postal Code _____

Country _____

SPONSORSHIP RECOGNITION

Submit the following information to Rhonda Wilkie: rwilkie@scisoc.org

- Logo in full color in one of the following formats:
 - Vector – eps or ai (preferred)
 - High resolution tif or jpg at no less than 300 dpi, 3x3 inches
- Website URL that the logo will resolve to
- 50-word company description

PAYMENT INFORMATION

Invoice me

Send me bank wire transfer details

Check enclosed (in U.S. funds and is payable to IS-MPMI, drawn only from a U.S. bank)

When you provide a check for payment, you authorize us to use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction. Funds may be withdrawn from your account the same day we deposit payment and you may not receive your check back from your financial institution.

Charge my credit card (check one below)

American Express Discover MasterCard Visa

Card Number _____

Expiration Date (Month/Year) _____

Name of Cardholder _____

SPONSORSHIP TERMS

Payment must be received to initiate sponsor benefits and is due within 30 days of sponsorship reservation. Your benefits are outlined in the sponsorship agreement emailed to your contact person. To pay by credit card, please contact **Rhonda Wilkie** with credit card information: +1.651.994.3820.

PLEASE RETURN THIS FORM TO:

Brianna Plank
3352 Sherman Court
Suite 202
St. Paul, MN 55121

bpplank@scisoc.org or
fax: +1.651.454.0766

ismpmi.org