



Sponsorship Reservation Form

SPONSORSHIP OPPORTUNITIES

	Rates (in USD)	
Banner ad on meeting platform	\$2,000	\$ _____
Banner ad in pre-meeting email	\$1,500	\$ _____
Beverage/Coffee/Happy Hour or Lunch Break	\$3,000	\$ _____
Coffee gift cards	\$ varies	\$ _____
Daily email sponsor	\$2,000	\$ _____
Day 1 Day 2 Day 3		
Email blast	\$3,000	\$ _____
IS-MPMI session	\$3,000	\$ _____
Lanyards	\$6,000	\$ _____
Main stage sponsorship	\$10,000	\$ _____
Registration confirmation email	\$5,000	\$ _____
Room drops	\$ varies	\$ _____
Snack sponsor	\$3,000	\$ _____
Social post	\$2,000	\$ _____
Sponsor your own session	\$5,000	\$ _____
Swag bags	\$6,000	\$ _____
Swag bag inserts	\$2,000	\$ _____

Sponsorship Packages – select multiple opportunities above for following sponsorship package:

VIP	\$20,000+	\$ _____
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 Funds may be withdrawn from your account the same day we deposit payment and you may not receive your check back from your financial institution.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
3285 Northwood Circle
Suite 100
St. Paul, MN 55121

bpplank@scisoc.org or
fax: +1.651.454.0766

ismpmi.org